THE CANADIAN NURSE

UME 51 • NUMBER 9
MONTREAL

Highlight for
EPTEMBER 1955

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L'Infirmière Canadienne

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Between Ourselves

Smallest in area and population of the ten provinces, Prince Edward Island, where our guest editor, **Sister Mary Irene**, is president of the nurses' association, is a tidy, unhurried land where changes come slowly. With a total provincial nurse population very much smaller than that of many local chapters in other parts of Canada, the Association of Nurses of Prince Edward Island is progressive, ably led and fully in step with developments elsewhere.

True to the traditions of her native province, Sister M. Irene gives thoughtful consideration to the ***changing focus in nursing education.*** A graduate of Charlottetown Hospital, where she is now the educational director, Sister has a superb opportunity to demonstrate, practically, the application of the broader patterns for her students.

* * *

Early in the summer, many nurses in Eastern Canada were privileged to meet **Frances Rowe**, executive secretary of the National Council of Great Britain and Northern Ireland. An account of her visit to National Office appeared in our July issue. As she returned to England, Miss Rowe wrote a ***letter of appreciation*** to our general secretary, Miss M. P. Stiver, expressing her warm appreciation of all of the arrangements "made for me during my stay in your wonderful country."

"My visit was of necessity very short but due to the planning and transport facilities that were placed at my disposal I was able to cover much ground and learn a great deal, which, under other conditions, would have involved many months.

"Would you kindly convey to the nurses of Canada my sincere thanks for all that they did for me, for their charming hospitality, and for the gracious manner in which they received me. We on the other side of the Atlantic look forward to an even greater number of your nurses coming to us. We will not spare ourselves in making opportunities for them to get some professional experience." In the course of her daily tasks, Miss Rowe will have an unexcelled opportunity to give a sound interpretation of the aims and aspirations of Canadian nursing to British nurses.

* * *

In the ordinary person's vocabulary, the term "heart attack" carries a meaning that is vibrant with fear and anxiety. It suggests sudden and unexpected symptoms — sharp pain, palpitations, weakness or fainting, marked distress in breathing, even sudden death. It is the stark unexpectedness of the whole episode that makes it particularly alarming both to the person affected and to those in his immediate vicinity. Many of the symptoms that commonly are classed under the broad heading of "heart attack" may not be related to the heart at all. On the other hand, when they definitely are a part of heart diseases they may be exceedingly important in the determination of the prognosis.

Dr. Arthur Vineberg started research on the problem of coronary artery insufficiency in 1945. He developed the operation of implanting the internal mammary artery into the left ventricle to relieve ischemia in coronary artery disease.

The first human case of internal mammary artery implantation was performed by him at the Royal Victoria Hospital, Montreal, in 1950. Since that time many patients have been successfully operated upon at the Royal Victoria and other hospitals. Dr. Vineberg has established cardiac surgical services at the Royal Victoria Hospital and the Jewish General Hospital, where other types of ***cardiac surgery*** are performed, and has been actively associated as cardiac surgeon with the Institute of Cardiology at Maisonneuve Hospital, since its recent inception. He also acts in the same capacity at the Queen Mary Veterans Hospital. **Ruth Ritter** describes the actual nursing care she was called upon to give following cardiac surgery.

We are happy to note that Dr. Vineberg is preparing three other articles on heart surgery for inclusion in succeeding issues of the *Journal*. Next month he will discuss congenital heart disease.

* * *

An indication that man is outrunning his germ enemies comes from a recent survey conducted by the World Health Organization. WHO researchers conclude that there are 999 different diseases and causes of death lurking in our world — but that no new ones have appeared since 1948.

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Edited by DEAN F. N. HUGHES

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Manufacturer: Hoffmann-La Roche Limited, Montreal.

Description: Synthetic vitamin A, 1 cc. (approx. 30 drops) containing 150,000 I.U. vitamin A palmitate; water-soluble, with all the biological properties of the natural vitamin A.

Indications: For all conditions which require increased vitamin A intake: *Ophthalmology:* nyctalopia, difficulties in dark adaptation, xerophthalmia, photophobia; *dermatology:* hyperkeratosis, phrynoderma, pityriasis rubra pilaris, ichthyosis, acne vulgaris, brittle hair and furrowing of nails; *gynecology:* kraurosis vulvae and leukoplakia.

Administration: Mild cases 8 to 15 drops daily. Severe cases 15 drops 2 to 3 times daily. Arovit drops should be taken in a drink, e.g. fruit juice, milk, coffee, tea or water.

BETHIODYL PEDIATRIC SUPPOSITORY

Manufacturer: Charles R. Will & Company, Limited, London, Ont.

Description: Each suppository contains: Sodium pentobarbital 1/12 gr. (5 mg.), ephedrine sulphate 1/6 gr. (10 mg.), theophylline ethylenediamine ½ gr. (32 mg.), levohyoscyamine 1/750 gr. (0.08 mg.), potassium iodide 1 2/3 gr. (110 mg.), cocoa butter q.s.

Indications: Bronchial asthma and croup in children.

Administration: For children under five years of age, one suppository one to three times a day, depending on the child's age, condition and response.

Caution: Should be used with caution where there is a possibility of retention of urine.

CORTEF ACETATE STERILE AQUEOUS SUSPENSION

Manufacturer: The Upjohn Company of Canada, Toronto.

Description: For local injections into joints and bursa each cc. contains: 50 mg. hydrocortisone acetate per cc. in physiological salt solution containing 4 mg. polysorbate 80 and 5 mg. carboxymethylcellulose. Preserved with benzyl alcohol 0.9% w/v.

Indications: For intra-articular and intrabursal injection and local injection of ganglia, where it exerts a direct and potent anti-inflammatory effect. Since the action of the hormone is localized to the site of injection, significant systemic effects are not produced.

Administration: The intra-articular dose depends upon the size of the joint and the interval between injections. For the knee, the usual starting dose is 25 mg. (0.5 cc.) repeated every one to four or more weeks as often as is necessary to control symptoms. In smaller joints, 10 to 15 mg. may be sufficient.

CORTICLORON NASAL SPRAY

Manufacturer: Schering Corporation Limited, Montreal.

Description: Cortisone acetate 0.5% (5 mg.) and Chlor-tripolon gluconate (chlorprophenpyridamine gluconate) 0.3% (3 mg.). Anti-inflammatory and antiallergic.

Indications: For the relief of nasal symptoms associated with hay fever, or for other allergic conditions of the nose. The average duration of effect is from two to six hours and in some instances a longer duration of action has been reported. Safe for hypertensives, cardiacs and ephedrine-sensitive patients.

Administration: Spray one or two times in each nostril at 3 or 4 hour intervals.

How Supplied: Plastic squeeze bottles of 15 cc.

DELADUMONE

Manufacturer: E. R. Squibb & Sons of Canada Ltd., Montreal.

Description: Testosterone enanthate 90 mg. and estradiol valerate 4 mg. per cc. A repository preparation.

Indications: For combined male and female hormone therapy in: menopausal syndrome; osteoporosis; tissue atrophy or mild psychogenic disturbances in geriatric patients; protein depletion and chronic debility following starvation, infection trauma, surgery or chronic illness; protein tissue catabolism as a result of ACTH or cortisone therapy.

Administration: Suggested dosage is 1 to 2 cc. every 2 to 4 weeks depending upon clinical response. To be injected deeply into gluteal muscle following usual precautions.

Contraindicated in patients who have or had established or suspected mammary, genital or prostatic malignancy.

The Journal *presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

THE ASSOCIATION OF NURSES OF THE PROVINCE OF QUEBEC

The 1955 Fall Examinations for Provincial Registration will cover two groups of candidates, and will be held as follows:

Examinations for Registration — Part II:

Graduates desiring to qualify for a license to practise will write on *November 21st, 22nd and 23rd, 1955.* Candidates will not be permitted to write these examinations until they have actually completed their training and hold the diploma of their school.

Applications must be received by October 14, 1955.

Examinations for Registration — Part I:

Students who will have completed their first year will enter the Examinations for Registration, Part 1, which will be held on *October 11th, 12th, 13th, and 14th, 1955.*

(Time to be announced in each school.)

Applications must be received by September 8th, 1955.

For application forms and all information relating to the examinations, apply to the headquarters of the Association.

A. WINONAH LINDSAY, R.N.,
Secretary-Registrar.
Suite 506—1538 Sherbrooke Street, West,
Montreal 25, P.Q.

PSYCHIATRIC NURSING COURSE

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For further information write to:

Miss H. M. Lamont, Director of Nursing, Royal Victoria Hospital, Montreal 2, Que. or Miss Kathleen Marshall, Supervisor of Nurses, Allan Memorial Institute of Psychiatry, Royal Victoria Hospital, Montreal 2, Que.

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Manufacturer: Sandoz (Canada) Ltd., Montreal.

Description: Dihydroergocornine, dihydroergocristine and dihydroergokryptine, equal parts, 0.25 mg. sublingual tablets.

Indications: For the geriatric-type symptom-complex; relieves manifestations of cerebrovascular disturbance; slows heart rate, protects against ectopic beats; improves ulcerative lesions, relieves intermittent claudication, corrects chronic venous insufficiency, etc.

Administration: Four to 6 tablets daily, sub-lingually with intramuscular injections of Hydergine every day or second day if needed.

METICORTEN

Manufacturer: Schering Corporation Ltd., Montreal.

Description: Prednisone (formerly Metacortandracin), 5 mg. tablets. Anti-arthritic and anti-inflammatory steroid.

Indications: Rheumatoid arthritis and bronchial asthma. Preliminary reports also indicate its value in rheumatic fever, nephrosis, intractable allergies, and disseminated lupus erythematosum.

Administration: In the treatment of rheumatoid arthritis, dosage begins with an average of 20-30 mg. a day. This is gradually reduced by 5 mg. until maintenance dosage of 5-20 mg. daily is reached, usually by the 14th day. The average maintenance dose is 5-10 mg. a day. The total 24-hour dose should be divided into 4 parts. Patient may be transferred directly from hydrocortisone or Cortisone to Meticorten without difficulty.

MYSTECLIN

Manufacturer: E. R. Squibb & Sons of Canada Ltd., Montreal.

Description: Each capsule contains the two antibiotics, tetracycline HCl 250 mg. and Nystatin 250,000 units.

Indications: Infections caused by most gram-positive and gram-negative bacteria, various Rickettsiae, certain large viruses and *Endamoeba histolytica.* Nystatin inhibits yeasts and fungi hence lessens chance of monilial overgrowth during treatment.

Administration: Suggested minimum adult dosage is 4 capsules daily, continued for 24 to 48 hours after symptoms and fever subside.

Dosage for children is based on tetracycline content, 10 mg. per day per pound of body weight.

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Manufacturer: Mowatt & Moore Limited, Montreal.

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Description: Each 100 gm. contains: Coal tar solution 5 cc.; colloidal sulfur 2.5 gm.; salicylic acid 3.0 gm.; zinc oxide 5 gm. in a water washable base.

Indications: In the treatment of such skin disorders as: eczema, neurodermatitis, psoriasis and seborrhea of the scalp, face and body.

Administration: Apply to affected area once daily, or more often, according to clinical judgment.

VERMISOL

Manufacturer: Charles E. Frosst & Co., Montreal.

Description: *Syrup:* Each 5 cc. teaspoonful contains Piperazine hexahydrate (as tartrate) 500 mg.; *Tablets:* Each tablet contains Piperazine hexahydrate (as tartrate) 250 mg.

Indication: Pinworm infestation.

Administration: According to weight and age.

On our cover, KATHERINE ANNE McCOLM, now a senior student at The Montreal General Hospital, shows her poster that was awarded first prize in the Student Nurse Recruitment poster contest sponsored by the Association of Nurses of the Province of Quebec last spring.

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For further information apply to:

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— E. C. HALL,
Youth Leaders Digest.

* * *

Her Majesty the Queen has graciously consented for the prefix "Royal" to be used before the Australian Nursing Federation, of which Lady Slim became the first Patron in May, 1955.

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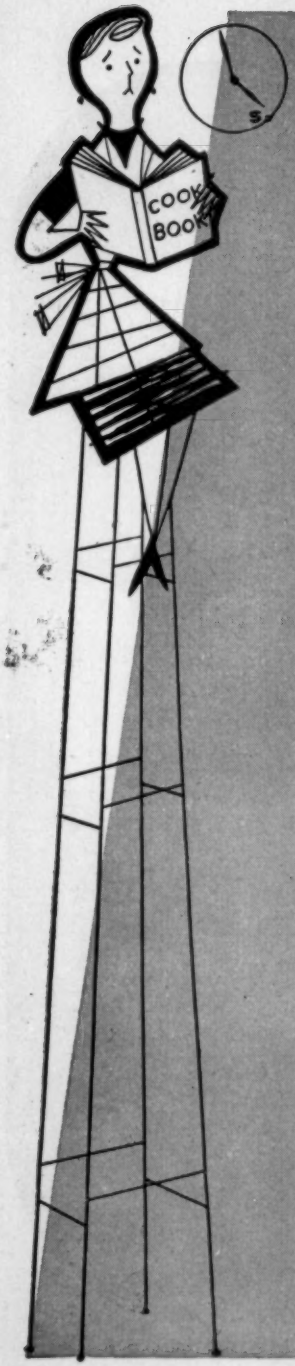

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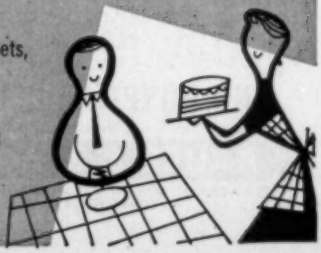

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THE CANADIAN NURSE
L'Infirmière Canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 51 NUMBER 9

MONTREAL, SEPTEMBER, 1955

Above Mediocrity

All over this vast country, the month of September sees many thousands of young women, graduates from schools of nursing, stepping out into the ranks of graduates of former years. At the same time many other thousands of high school graduates are entering our schools of nursing. These young people are eager to begin a new phase of their lives. They come to us in a period of transition from their adolescent world into our mature adult world. They bring with them all their personal joys, conflicts, problems — family, religious and social. Various studies have shown the diversity of problems confronting students in their further adjustment to the activities of a school of nursing.

If we accept these girls as students it is our responsibility to see that each one develops into a well-rounded individual. Her school years can be a period in which insights are gained, traits, characteristic of good mental health are developed and an effective philosophy of life acquired; or, it can be a period in which maladjustments are accelerated. To prevent this latter, proper guidance is essential. It would seem that the only way we can do this is through an organized guidance program. The question arises: how best can a school of nursing set up and maintain an effective program of this type?

Are all nurse educators sufficiently concerned in assisting the student to acquire adequate understanding of her-

SISTER M. IRENE

self and of her environment? Does a student's preparation in the nursing school equip her to utilize most intelligently the educational opportunities afforded by the school of nursing and the community?

Are we revising the curriculum of our schools to meet the changing concept of nursing? In the past, the traditional aim of curriculum construction was one largely of discipline, practical utility and technical efficiency. While there is much of value in these aims, too much emphasis was placed on the subordination of the individual and too little on her growth and self-realization. Respect for the individual is one of the foundation stones of democracy. To-day we are living in a more democratic society. We must organize our curriculum in harmony with the principles and methods of modern science — to meet the changing needs and conditions of a continually changing society.

Another aim of the curriculum that is more important today than ever before, is the preparation of nurses to be leaders not only in the profession but also in the community. Is the present curriculum of our schools geared to fulfill this aim? Teamwork is being stressed in nursing service more than ever before. It does not mean merely "getting along with others," although this is extremely important, but it means also expert planning and assigning of the duties to be performed by each one concerned with the care of the patient so that the entire staff functions smoothly, efficiently and happily.

In this pattern of nursing care, the professional nurse by virtue of her preparation and status, is the leader of the nursing team. Here is one instance where she needs to understand personalities and relationships between people and be able to assume leadership functions. This is only one example of the need of preparation of the student in leadership. Many others could be cited.

The education of the student nurse aims to prepare women who are technically competent and community-minded, who have the necessary psychological and social insights who have a love for God and for their fellow-man, and who have ideals of democracy and habits of virtue which are reflected in their personal living and professional practice.

The world in general is accused of suffering from the results of mediocrity. May this never be said of our profession! Great men and women are needed now as never before. Are we prepared to accept this challenge and keep at least our own field above the level of mediocrity?

SISTER MARY IRENE
President
Association of Nurses of
Prince Edward Island.

The fact that staff members of all ranks often do not know the opinion of their superiors concerning their work and general behaviour is a frequent cause of feelings of insecurity. This may frustrate their good intentions and have an adverse effect on their performance. On the other hand, shortcomings may be allowed to continue because of the lack of adequate advice and correction.

The same standard of work is sometimes praised by one supervising nurse and blamed by another. It is therefore necessary to give every member of the nursing personnel an opportunity to read reports on her performance written by the supervising nurse. This may be done at regular intervals, for instance, four times a year. When the report has been read, the staff member should sign to certify that she has seen it. At the same time, the worker should be given the opportunity to discuss with the supervising nurse any matter which is of concern to her. On these occasions the worker should be encouraged and given help to make good her shortcomings.

— THIRD REPORT W.H.O. EXPERT COMMITTEE ON NURSING

Prevent physical suffering; prevent guilt; do not accept illusions; accept the reality of death; do what you like to do; keep learning; accept your limitations; be willing to pay for everything you get; be willing and able to love; avoid secrets.

— DR. MARTIN GUMPERT
in *"The Anatomy of Happiness."*

The Importance of the Nurse in the Care of Cardiac Surgery

ARTHUR VINEBERG, M.D.

IN ALL FIELDS OF MEDICINE, intelligent nursing care has always been an essential prerequisite to the successful care of the sick. Without it many more patients would undoubtedly die or have markedly prolonged convalescence.

How much more true is this today — particularly in the field of cardiac surgery, a comparatively recent field of surgery, so highly specialized that it cannot be properly performed without a highly trained team composed of cardiologist, chest physician, radiologist, psychiatrist, cardiac surgeon and, perhaps most important of all, the nurse.

Cardiac surgical cases may be divided into two main groups, namely: (1) congenital heart disease, and (2) acquired heart disease. There are certain general principles of treatment applicable to both groups.

PRE-OPERATIVE CARE

Measurement of fluid intake and output: At the Royal Victoria Hospital the fluid intake and output is measured daily as the patient walks around the ward. In this way, a pre-operative base line is established to determine how much fluid is required by that particular patient, prior to operation, under normal conditions. The daily pre-operative fluid intake of each patient thus becomes a guide for the amount of fluid the patient can tolerate after operation.

In certain cases, retention of fluid plus an increase in weight may mask undetected impending right or left ventricular failure, which can then be treated before operation is attempted.

Frequently, cases of mitral stenosis arrive in the hospital in right heart failure, and cases of coronary artery insufficiency, in left heart failure. Both types of cases are treated by giving a) diuretics, b) digitalis, c) restriction of fluid and salt intake. When the treatment is successful there is daily weight loss, fluid output exceeds fluid intake, and gradually the patient's shortness of breath improves to a point where he can lie flat in bed without pillows.

Blood pressure measurements are taken four times daily in the pre-operative period in order to establish a base line or guide as to the level at which the blood pressure should be maintained.

The effect of fear and excitement on the heart: Cases of mitral stenosis have been known to go into pulmonary edema and die following the excitement of a visitor, particularly after operation. The effect of excitement on patients with angina pectoris is well known. For this reason, careful staff work is extremely necessary to maintain the patient's confidence prior to surgery. Sedation day and night is important. Drugs that depress the blood pressure must not be used. In our hospital, large doses of sodium luminal are given the night prior to operation. This drug has little or no effect on the blood pressure, and it is vital for the patient to have a good night's rest.

Our nurses have been instructed to allay the patient's fears prior to operation as much as possible. In order to avoid an unnecessary and disturbing waiting period in the operating room, our patient's never leave the ward until called for by the anesthetist.

POST-OPERATIVE CARE

Maintenance of blood pressure: Maintenance of blood pressure after any operation is extremely important

Dr. Vineberg is devoting most of his professional skills to cardiac surgery at the Royal Victoria and Jewish General Hospitals in Montreal.

to prevent irreversible shock and damage to heart, brain, kidneys and liver. The level at which the blood pressure must be kept varies from patient to patient in different types of cases. The pre-operative blood pressure measurements act as a guide for each patient. Cases of mitral stenosis and aortic stenosis following commissurotomy tolerate lowered blood pressures quite well. These patients often have blood pressure of from 80 to 90 for a few days after operation without ill effects. A blood pressure below 80 in such cases calls for the use of neosynephrine or some other vasodepressor drug.

Patients after coronary artery surgery are a different problem. They are usually in the older age group, with hardened, narrowed coronary vessels. Such patients, after revascularization surgery, must have their blood pressure maintained at all times at a level not more than 10 points below the pre-operative blood pressure level. In our heart recovery room at the Royal Victoria Hospital, a large bulletin board has been installed. All the patient's blood pressure charts are pinned to this board in sequence, starting with the pre-operative sheets. In this way nurses and doctors alike can see at a glance how the patient's blood pressure and pulse have reacted to the operation.

Blood pressure and pulse are taken every five minutes for the first 6 to 24 hours after operation, and every fifteen minutes thereafter until the patient's blood pressure has stabilized.

Use of neosynephrine: In our hospital, when the blood pressure falls below the desired level for a particular patient, neosynephrine drip is started, using 5 cc. of neosynephrine to 500 cc. of glucose and water at 20 to 30 drops per minute. If the blood pressure is not maintained with 30 drops per minute, the rate is increased temporarily until the blood pressure is elevated. The surgical resident is called who increases the strength of neosynephrine so that the number of drops of fluid given falls below 30 per minute. In this way blood pressure is maintained without increasing the fluid intake.

Treatment of post-operative thoracic case: It must be remembered that to reach the heart the thorax has to be opened. All post-operative heart patients must be treated in the same manner as chest cases, with certain modifications for post-operative coronary patients. Maintenance of adequate air-way by use of intratracheal suction to remove secretions is essential. When conscious, all patients are encouraged to cough, raise sputum, and are given deep breathing exercises.

Mitral, aortic and congenital heart patients are turned from side to side every two hours and are, as quickly as possible, placed in a semi-sitting position.

Post-operative coronary patients in general have to be kept quietly on their backs for 48 hours. Turning such patients even 15° may drop the blood pressure markedly. At the end of 48 hours they are turned every two hours from back to right side, but in the case of internal mammary artery implant cases, *never onto the left side.* The nursing of these patients is difficult. One should think of them as patients having had chest surgery complicated by a coronary occlusion. In order to help the lungs to expand, deep breathing, coughing and neosynephrine-aerosol every two hours are helpful.

Oxygen: Directly after operation a positive pressure mask is routinely used. This is usually followed by an oxygen tent, or nasal catheter delivering 6 to 7 litres per minute.

Chest-draining bottle: This has to be carefully watched for fluctuation and, in particular, for excessive drainage of blood. One may expect 400 to 500 cc. of sero-sanguineous discharge after mitral commissurotomy, and up to 1200 cc. in 24 hours after internal mammary artery implant. If the tube is not draining then fluid accumulates in the thorax to the embarrassment of the heart. Failure of drainage or fluctuation in the chest drainage tube should be reported to the surgical resident. Such drainage tubes should be irrigated. In valvular cases, chest drainage tubes can usually be removed within 24 hours. In patients following internal mammary artery implant the tube has to remain longer because of

the clear fluid secreted by the pericardium, which is always left open.

Wangensteen drainage: Cases of coronary artery insufficiency all have Wangensteen drainage in order to keep the stomach deflated. This is important as it relieves pressure on the heart and helps to prevent angulation of the implanted artery which occurs when the heart is pushed upward by the distended stomach. Sometimes other types of heart cases develop abdominal distention following cardiac surgery and require Wangensteen drainage for relief of a paralytic ileus.

Fluids: Hot or cold fluids are contra-indicated because they may set up cardiac irregularities. Fruit juices, in general, cause nausea and should not be given. One attempts to feed the patient as soon as possible. In the case of the coronary patient, however, no food is given until there have been abdominal cramps and the passage of gas.

Bed-pan: This is strictly contra-indicated in coronary patients. Forcing at stool may cause anginal pain and even death. Our patients are started on liquid paraffin as soon as possible and move their bowels into a kidney basin while lying on the right side.

Conclusion

In no field of surgery is team work as essential as in cardiac surgery. A technically perfect operation is not sufficient. There must be equally efficient post-operative care. This is largely in the hands of our valued associates — the nursing profession. The team work and cooperation of our hospital nursing staff has made it possible to return to normal lives dozens of previously hopelessly crippled heart disease sufferers.

Mitral Commissurotomy

Ruth Ritter

Not many years ago a case study such as this just could not have been written. Today successful mitral commissurotomies are being performed each day.

Let us take the case of Mrs. Brown — 51 years old. Mrs. Brown has had a history of rheumatic heart disease for the past five years. About three years ago she was admitted to hospital for investigation due to shortness of breath. Two years later, she was admitted with a questionable diagnosis of pulmonary edema, or congestive heart failure. At this time a definite diagnosis of mitral stenosis was made. She was discharged as improved. Nine months later she returned for surgery. Her symptoms had become progressively worse — she could barely walk up stairs, could hardly exert herself at all, even contact with cold air became unbearable. Heart palpitations were present as well as a dry cough. Life does not mean much when one cannot move about. It is at such a time that most patients consent to surgery knowing that without it they will never get well.

Mrs. Brown is of Jewish faith. She is married but has no children. Her husband and her immediate family appear to be very thoughtful and most interested. Because of their interest they became very protective towards her. As a result, Mrs. Brown is very demanding.

Miss Ritter was in this year's graduating class of the Jewish General Hospital, Montreal.

Pre-operative Preparation

In our hospital the following pre-operative tests are done:

1. Urinalysis
2. Wasserman
3. Hemoglobin and prothrombin time
4. Electrocardiograph
5. Chest x-ray and fluoroscopy
   The fluoroscopy showed definite calcification of the mitral valve.
6. Blood taken for cross-matching.

For a few days prior to operation bilateral carotid pressure is done by the interne. This consists of applying pressure to the carotid arteries with the fingers. This is to prepare the patient for a time during surgery when the carotid artery will be clamped off in order to prevent dislodged calcified tissue from going to the brain. This is done twice a day with a maximum of five minutes at each session. Mrs. Brown became flushed and dizzy when carotid pressure was applied.

A "circulation time" test was done. This is an intravenous injection of glucose in which a sweet taste can normally be detected within 10 to 15 seconds. Her circulation time was normal.

Good mouth care is very important pre-operatively since intra-tracheal amesthesia is used. The descending tube must not carry unnecessary organisms into the trachea. Mrs. Brown brushed her teeth four times daily and used potassium permanganate mouth wash several times throughout the day.

Mrs. Brown also received digitoxin 0.2 mg. orally each day. This drug is used to prevent filbrillation that might develop during surgery or afterwards. It is the nurse's responsibility to check the pre-operative digitoxin order.

The night before the operation Mrs. Brown's skin was surgically prepared. This includes shaving the axillae, the chest, back and front, from neck to the umbilicus. She had a cleansing enema at bedtime and again in the morning. For a restful night she had seconal gr. 1½ and was not allowed to have anything by mouth after midnight.

In the morning a Levine tube was introduced nasally. Following surgery this is attached to a Wangensteen suction.

The anesthetist orders the immediate pre-operative sedation, which varies with each patient. Mrs. Brown had morphine sulphate gr. 1/6 at 7:00 a.m.

Preparation of the Room

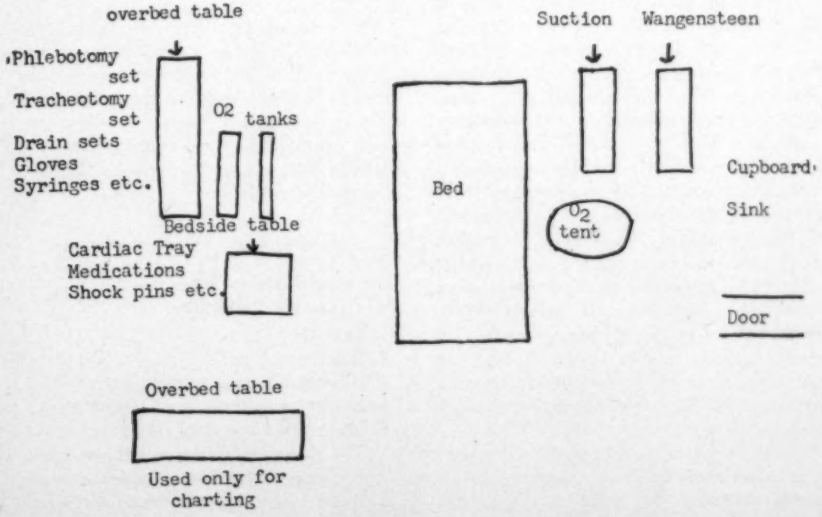
After Mrs. Brown was taken to the operating room, we began assembling the equipment necessary to receive her on her return. *It is absolutely necessary to have everything right at hand.* The patient cannot, must not, be left even for a minute.

Oxygen equipment: tent and tank; tank for nasal oxygen; mask and tank for inhalations; nasal catheters numbers 14 & 16.

Intravenous solutions: 5% glucose and water — 500 cc. bottles; one bottle 5% glucose and saline.

Phlebotomy set — in case of post-operative pulmonary edema.

Tracheotomy set and electric suction



— in case of laryngeal edema.

Electric Wangensteen — to be connected to the Levine tube.

Medications:

Cardiac tray complete with neo-synephrine & digitoxin;

Vitamin C and Neobex;

Intravenous terramycin;

Sterile water;

Sedation — usual Demerol.

Other necessary equipment will include: sphygmomanometer and stethoscope,, aerosal spray, syringes, sterile thumb forceps, alcohol swabs, drain set, sterile gloves, clamps, shock pins, forceps, safety pins, gauze bandage, adhesive tape, rectal thermometer, rubbing alcohol, paper towels, soap, a drinking glass, glass straws, wipes, kidney basin, extra linen and extra pillows, mouth care tray, charting equipment — ink, pens, paper, etc.

No doubt you are wondering where all this equipment will be placed in the room. The accompanying sketch shows the general arrangement that has been found most practical.

Nursing Care

When Mrs. Brown first returned from the operating room, I was primarily concerned with taking her blood pressure and seeing that the intravenous, oxygen, and the pleural drainage were functioning properly. The blood pressure was taken every five minutes for the first 24 hours. No brachial sounds could be heard with a stethoscope so blood pressure was taken by feeling the radial pressure. The blood pressure had to be maintained at a given volume. The doctor's order read:

Maintain blood pressure between 90-100 by means of neo-synephrine drip. If it falls below 90 start neo-synephrine drip 5 cc. per 500 cc. 5% glucose and water at not more than 20 drops per minute. If more than 20 drops per minute are required to keep blood pressure above 90, call surgical interne who will increase strength of neo-synephrine to keep blood pressure above 90 with less than 20 drops per minute.

Mrs. Brown returned from the operating room with neo-synephrine running. After about 15 minutes her blood pressure was being maintained very well. A secondary unit of 5% glucose and water was added, leaving the neo-synephrine on hand to be used if the need should arise. The intravenous was infusing through a cut-down in her foot. She had a second intravenous of blood running through a vein in her arm. This was discontinued soon after her return.

Oxygen was given by means of the oxygen mask for the first three hours, thereafter the oxygen tent replaced the mask.

During surgery some air enters the chest cavity. This air is removed postoperatively by means of pleural drainage. When the patient breathes, the air that was trapped during surgery is gradually pushed out. Pleural drainage also removes any sero-sanguineous fluid that may be present.

The pleural drainage bottle was placed in an empty carton on the floor. The fluid rising and falling in the first tube (oscillation) was checked frequently. I was warned to make sure that the pleural drainage was functioning at all times. Because of its importance, the pleural drainage bottle was changed only by the interne. The tubing, about bed level, was clamped off with two clamps — just as a safeguard in case one clamp slipped.

Mrs. Brown was observed very carefully. Her color remained good but at times her skin was cold. We were not concerned over this because it did not disturb the patient and gradually she became warm. Her respirations were between 24 and 28. They were counted frequently and it was noted also whether they were shallow, deep or labored. Her dressing was checked for bleeding. No oozing was observed. Mrs. Brown's feet were elevated on pillows in order to watch for cyanosis and also to keep the foot with the cut-down well supported and not easily moved. Mrs. Brown required sedation — demerol, 50 mg. — every three hours.

After six hours, Mrs. Brown was turned from side to side, every two hours. This is done to encourage the expansion of the lungs and thereby improve circulation. She disliked this because of the discomfort while moving. The importance of this moving cannot be overstressed. Even though

Mrs. Brown was moved and encouraged to breathe deeply she would not help herself enough — she developed some atelectasis and pleural effusion.

The maintenance of adequate fluid balance is very important. The doctor's order read "Total intravenous not to exceed 1500 cc. 1st 24 hours — only glucose and water; 2nd 24 hours 300 cc. 5% glucose and saline, plus 1200 cc. glucose and water." Mrs. Brown began taking water and clear fluids by mouth after the first 24 hours. No fruit juices were permitted. On the second day her intravenous was discontinued. Her diet was increased gradually until she was taking a full low-salt diet. Some patients, have difficulty voiding. A catheterization order will be left to take care of such a possibility.

Aerosal inhalations begin on the first post-operative day. One cc. of neosynephrine is used in an aerosal spray every two hours. This helps to return the lung to its normal capacity, which had been reduced during surgery. Sometimes this alone is not sufficient. Carbon dioxide inhalations, along with the neo-synephrine, can be used. To increase lung aeration even more, alevaire inhalations may be used. Mrs. Brown required all three forms of inhalations. The doctor ordered "neosynephrine 1 cc. aerosal inhalations followed in 10 minutes by CO_2 inhalations for 20 minutes — q. 2 h. Alevaire 2 cc. aerosal inhalation every 3 hours."

The nurse's notes had to be a very detailed and accurate account of the patient's progress. Essential signs such as color, respiration, blood pressure and pulse were recorded frequently. A summarized account of the patient's progress had to be in mind at all times. Not only is it important to record them accurately on the chart, but it is essential for the nurse to be able to relate them to the surgeon as frequently as he may call or visit. The following is a daily progress summary for each post-operative day:

1st day — Neo-synephrine aerosal started; taking sips of water; dressing changed by doctor; head of bed elevated; pillows removed from feet.

2nd day — Leg exercise — moving feet up and down; bed changed; cut-down removed; oxygen tent discontinued; head of bed elevated further; taking broth and more clear fluids.

3rd day — Restless; not coughing well; taking some soft food, pulse irregular — on intramuscular Quinidine q. 2 h. (Quinidine slows and steadies the heart beat); on oral antibiotics.

4th day — Complete bed bath given; pulse regular; dressing changed by doctor; S.S. enema; portable chest x-ray, thoracentesis done because of fluid shown by x-ray; continuous Balsam of Peru steam kettle started.

5th day — Voided for first time; sitting on side of bed.

6th day — On three inhalations (neosynephrine, CO_2, & alevaire); out of bed on chair; smoking; throat suctioned to try and remove some mucus; to O.R. for bronchoscopic examination under local anesthetic.

7th day — Out of bed more frequently; B.P. being maintained at 120/80; still having inhalations & steam kettle.

8th day — Cut-down sutures removed; complaining considerably of pain in operative area; no more afternoon or night specials.

9th day — All sutures removed from incision; moved back to own semi-private room.

10th day — to bathroom in wheelchair; out of bed, walking short distances; breathing physiotherapy started.

Mrs. Brown progressed well. She appeared apprehensive at night and often required sedation during this time. Before discharge she was able to walk up and down the stairs of the hospital — something she could never do pre-operatively. She was discharged on her twentieth day. From hospital, she went to stay with her sister for two weeks. She was then able to return home where she would have to look after herself. It meant quite an adjustment for her to do things that she could not do for many years. Just two months after surgery Mrs. Brown was well enough to take a vacation in Florida.

The opportunity of being able to care for a patient such as Mrs. Brown has certainly increased my nursing ability and has given me some understanding of cardiac surgery. Being a student, it was comforting to know that the clinical instructor was available if I should need her.

A Pension Plan for Nurses

J. P. WHETTENHALL, O.B.E., B.A.

IT IS UNUSUAL for a Canadian nurse to find that any pension provision is either voluntarily or compulsorily associated with her employment though there are, of course, some notable exceptions to this general rule, including the municipal health services and the Victorian Order of Nurses for Canada. What is the difference between personal thrift and a pension plan? Is it of advantage to the nurse to be covered by a pension plan and are there any special considerations to be taken into account in the formulation of any such plan? There are some simple answers to these questions, and their considerations would certainly be of advantage to the nurse if, in due time, appropriate action could be taken.

Personal thrift is of course confined in its result to the willingness and the ability of the individual to make personal savings. The majority of people do not, in their early years, appreciate the importance of saving for the distant future. Moreover, their ability will vary from time to time according to their financial position and possibly many other circumstances. The essence of a pension plan by contrast is that the employer makes contributions as well as the employee. It therefore follows that the benefit under a pension plan will normally be much more in amount than would be secured merely by personal thrift. There is also the advantage under a pension plan that the employees' contributions are deducted at source from salary, thus ensuring that they are regularly and promptly made and therefore the ultimate benefit is ensured. And how true it is that one does not miss what one does not see!

Clearly, therefore, it is to the advantage of the nurse that there should be a pension plan associated with her employment in *any* branch of her profession. What then are the special considerations that need to be taken into account? Two are outstanding. The first is that in the ordinary pursuit of their profession nurses do not normally remain with one employer throughout the whole of their careers. A pension plan which is confined in its scope to the one employer is, therefore, essentially unsuitable for nurses. The other is that the majority of nurses retire from their profession before reaching an advanced age, from which it follows that a scheme under which benefits do not become due until attainment of (say) age 55, 60 or 65 is also unsuitable to the needs of the nurse.

It is, therefore, the more interesting that a well-tried Scheme, established in the United Kingdom and proved for over more than a quarter of a century, was designed to take these particular needs into account. It has already paid benefits amounting to some twenty-five million dollars to nurse and other members. This is the Federated Superannuation Scheme for Nurses and Hospital Officers, membership in which is open to any nurse and any employer of nurses in any part of the world. Its main principles are Continuity, Transferability and Flexibility.

Continuity is secured by the rule that, once a member, membership continues so long as the nurse is engaged in the practice of her profession in *any* form.

Transferability is secured partly by reason of continuity, and partly by the rule that on change of employment there is no loss of any of the benefit so far earned in membership in the Scheme. This is true even if in the new employment the nurse, for one reason or another, has to suspend her contributions.

Flexibility is secured by the very wide powers of discretion exercisable by the Trustees in consultation with the member as to the manner in which

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the benefits themselves are applied. Benefits are payable when retirement occurs, no matter at what age, and they include the benefit of any employer contributions made on behalf of the member provided that — if a nurse — she has been in membership of the Scheme for five years. The discretions include payment of the benefit in a single lump sum in lieu of pension (or in such proportions of both as may be required). Members and their dependants are also greatly advantaged by the very wide powers which the Trustees have in applying benefits on behalf of a deceased member.

The combination of Continuity and Transferability ensures the build up of the ultimate benefit in two ways. It enables any employer to make contributions for the employees either voluntarily, or under legal obligation by joining the Scheme, as the employer may prefer; and it also enables the nurse to continue her own contributions throughout her whole career, either compulsorily when employed by an employer who has joined the Scheme, or voluntarily, in any other circumstances. The scope of these arrangements is so wide that they not only cover nurses in any form of professional employment but, without any difficulty, include also the private duty nurse. Continuity and Transferability are comprehensive in that the Scheme continues to afford all its facilities to every one of its members, irrespective of where they are employed, and therefore operates on a world-wide basis. In fact at the present time it has members working in 36 countries, and overseas employers have joined the Scheme.

From the above it will be seen that the Federated Scheme has all the advantages for the provision of which it was so carefully designed. Outstanding among these is that it is not a "one employer scheme," but on the contrary safeguards and advantages its members at all times so long as they continue to be engaged in various professions in connection with any of the many forms of health services. It is therefore ready for application in any country where nurses and their employers elect to avail themselves of it. To make progress in a matter of this kind, orderly planning and some agreement on general principles between the parties concerned is essential. In these respects the initiative and the responsibility naturally rests with the professional and other organizations concerned.

In the Good Old Days

(*The Canadian Nurse* — SEPTEMBER, 1915)

"As work for the prevention of blindness develops, it becomes increasingly apparent that the actual saving of sight in individuals may very largely be accomplished by nurses and nursing organizations."

* * *

"There is a tremendous movement on foot for the complete reorganization of the manner and method of the training of nurses. It means the establishment of certain schools as departments of universities for the preliminary training of nurses and the relieving of hospitals of all but those responsibilities that compare to the interneships of physicians. It will mean schools as efficient as the medical schools, certificates of graduation, and a great raising of standards."

* * *

"Cupid finds comparatively few recruits among public health nurses... Hospital sick room nursing is dull and monotonous as a rule, and nurses quite frequently marry to escape its drudgery while with public health nursing there is such diversity and their work becomes so fascinating that they cease to consider marriage." Now we know ! ! !

* * *

"No one can possibly doubt the high purpose of leaders among nurses but one may seriously doubt the wisdom of their insistence that the nursing profession shall be classed with union labor as to fixed hours, fixed wages — indiscriminately for the efficient and the inefficient — and at the same time retain the high position they demand for the profession alongside the other 'learned professions'... It becomes the duty of all (doctors) to help lift the nursing profession out of the ruck in which it finds itself and again set it upon the high plane of a recognized profession."

Operation Arnprior, June 20 - 24, 1955

ELIZABETH FARQUHARSON, B.Sc.

SUNDAY EVENING, JUNE 19, saw 64 nurses descend upon Civil Defence College at Arnprior, Ontario, in search of knowledge of the latest in Civil Defence. These nurses represented nine provinces and nearly every field of nursing and all were interested in nursing education.

The objective of this course was to train and teach instructors as key people to study organization and methods in preparation for disaster — both military and civil. Canada needs one half million trained people to carry out effective defence in the event of enemy attack. This serious threat is real for both Canada and the United States.

There were 49 sessions, each headed by an expert in his particular area. This quality had four results: first, there was clarity of presentation of complex subject matter so that we could understand and absorb; second, the knowledge that men and women of this calibre were expending effort to impart their knowledge to us, made us realize more than ever the need of preparedness; third, the variety of fields these people represented, impressed upon us the necessity of cooperation of all for survival; fourth, all referred to the magnitude of responsibilities the nurse would have to assume in the event of war, making it imperative that graduate nurses widen their experience and knowledge. It would be impossible to summarize the content of such a course and therefore I shall give only a few of the highlights.

The introduction of very large atomic weapons (sometimes called "hydrogen bombs") has extended one problem and introduced another. The problem extended by their potential use is, of course, the greater area of local destruction by blast and heat, probably to a distance of 10 to 15 miles from bomb-aiming-point or ground zero. This demonstrates that the original Civil Defence planning was basically sound in that it is flexible, due to the principle of mobile support from target peripheries. The new problem is that of serious and extensive radio-active "fall-out." "Fall-out" is radio-active material from the bomb cloud which returns to the earth's surface. From large weapons this fall-out has been observed to cover a great area. In one case, from the experimental burst of a weapon of high power (equivalent in explosive force

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Eager Listeners.

Nurses from across Canada.

to 5 or 10 million tons of high explosive), an oval area about 220 miles in length and 40 miles across was contaminated to such a degree as to cause death or serious illness to anyone who did not take protective action.

Means of measurement of radiation in peace time and war were demonstrated.

Physical effects of internal and external radiation were described. The practice of good sanitation methods is the best protection against damage from all-out on food, water and clothing. Therefore there is more need than ever to spread this teaching. Incidentally, detergents are better than soap because of the lack of scum formation.

The signs, symptoms, treatment and nursing care of radiation sickness, burns and traumatic injuries, also sustained from this disaster, were thoroughly explained. The occurrence of cross stress is a serious complication; for example, trauma associated with radiation and/or burns, gives a poorer prognosis.

Hospital disaster planning has already been undertaken by a number of hospitals and should be done by all, no matter how small their bed capacity. This plan should be made part of the orientation of all staff members.

Stock piling of equipment and drugs is well advanced even to details of functional packaging.

Instructors mentioned certain changes that will have to be made in the event of disaster — i.e., the nurses will have to extend their basic function to include the ability to diagnose injuries accurately, to assess treatment needs, and to act according to established casualty priorities. The nurse must be able to give intelligent, early first aid and instruct others to do so. She should know normal behavior, be able to recognize the abnormal and have a sound basis of psychological approach to the mentally disturbed person so that she could carry out the treatment of rest, talking out or ventilation, and resumption of activity. She has to be able to reach this disturbed person to help him accept the situation as it is. It was stressed that the nurse must know and be able to institute all methods of resuscitation which include the giving of fluids, electrolytes and blood intravenously. The nurse must be an expert in improvising equipment. She must know how to give reassurance and at all times use good judgment, applying her powers of observation to the full. Throughout the course, nurse educators were discussing ways and means of equipping nurses to assume these added responsibilities.

On the final morning, a panel presented three methods, now in use, of integrating Civil Defence teaching into the basic nursing education. Two of these courses were open to graduate nurses on staff and in the community.

One thought that came to some of us, was that the best use was to be made of the nurse in her own spe-

cialty; for example the public health nurse would serve in the large welfare centre; the psychiatric nurse would care for the truly psychiatric patients. By this distribution nurses would have that added security in performing the familiar and be able to expand their services more efficiently.

The content of the course was well balanced, the approach practical, with emphasis on what the nurse needs to know, why she needs to know it and what she will have to do. A crystallization of this was the presentation of a First Aid Station in action. The victims were made most realistic by the casualty simulation experts.

Miss Evelyn Pepper, in her final paper in the course, ably summarized as follows: The nurse, as a Canadian and because of her profession, has two main responsibilities. These are: first, an internal responsibility which means protection for self, family, friends and neighbors which requires preparedness at all times, ability to give instruction and to exert initiative. Second, the external responsibility which consists of active participation in local Civil Defence Organization and keeping herself informed of all changes. With this knowledge and because, through her profession, the nurse already has established rapport with the public she is able to be vocal and speak with authority. To preserve life itself and our way of life, Miss Pepper left us with the words and the challenge "to teach and teach — and teach."

Friday afternoon, June 24, saw 64 nurses feeling enlightened because of their week's instruction, full of enthusiasm to return to their own communities to do their utmost to meet Miss Pepper's challenge.

We are proud to have been chosen to have this wonderful experience and hope it may be extended to many more Canadian Nurses. On behalf of all, I say, "Thank you, Civil Defence Headquarters."

Le Congrès - 1956

RITA MACISAAC

AU MOMENT où j'écris ces lignes, c'est juillet 1955: bientôt, une année sera écoulée et nous serons en juin 1956, et nous, qui formons le personnel du bureau national serons occupées à terminer les derniers détails en marge de notre 28e réunion biennale.

Celles qui ont assisté au Congrès de Banff en 1954 auront d'heureux souvenirs à la mention de cet événement, souvenirs d'excellentes réunions où une assistance de 1223 infirmières — de toutes les parties du Canada — s'étaient rassemblées pour discuter des problèmes mutuels, à trouver des solutions à ces problèmes et à échanger des idées — toutes, étant au courant du mot d'ordre de ce Congrès: "Sentiers vers l'avenir."

Ayant à l'esprit le rôle que les infirmières jouent dans notre pays et la nécessité de le rappeler au public et à celles qui font partie de notre organisation le mot d'ordre pour 1956 sera: "L'infirmière au service de la nation."

Le Comité du programme s'est réuni et a tracé des plans pour un intéressant Congrès à Winnipeg, du 25 au 29 juin 1956, à l'Université du Manitoba, dans le site enchanteur et historique de Fort Garry. Les infirmières du Manitoba et de la Saskatchewan en seront les hôtesses. Nos collègues de l'Ouest, reconnues pour leur accueil chaleureux et leur aptitude unique dans leurs projets de divertissement nous en réservent de bonnes.

Nous croyons que les étudiantes infirmières sont à faire des projets à l'occasion de la réception à leurs consoeurs étudiantes du Canada, espérant que le nombre dépassera le groupe de 173 qui était présent à Banff, l'an dernier.

A une assemblée biennale, nos cinq comités nationaux auront l'occasion de nous présenter un rapport sur leurs activités. Vu que le mot d'ordre converge surtout vers le mot service, le Comité du service d'infirmières sera

mis en relief quand il rendra compte de ses réalisations à ce Congrès et indiquera la route à suivre pour de futurs développements de service essentiel.

Le Comité d'éducation des infirmières, intéressées aux normes qui conduisent à une éducation solide d'infirmières, dont le résultat se reflète dans un service d'infirmières de haute qualité, nous montrera le chemin parcouru dans ce domaine depuis le dernier Congrès et indiquera les moyens pour atteindre ce but.

Il incombe au Comité de publicité et des relations extérieures de déterminer le rôle que nous jouons, nos fonctions et nos services à travers le Canada, autant pour nos propres membres que pour le public en général.

Le Comité sur la législation et les règlements et le comité des finances révéleront comment se comporte notre nouveau système et comment notre budget de service centralisé réalise les exigences que nous impose notre organisation qui se développe rapidement.

A mesure que les mois avancent, *l'Infirmière canadienne* publiera plusieurs articles qui nous éclaireront quant aux problèmes et aux besoins du service d'infirmières.

Le Canada se développe rapidement — et l'association des infirmières canadiennes doit marcher de pair avec lui — c'est notre défi.

Needles For Surgeons and Nurses

LEONARD G. RULE

ANY DEVELOPMENT IN HYPODERMIC NEEDLES that will enable doctors, anesthetists, dentists and nurses to administer injections more easily and with less pain is a benefit to mankind. It is claimed for a new needle made in Britain that it does just that. Called the "Analgic," this needle derives its advantages from a new design of point. Whereas standard hypodermic needles are shaped somewhat like a pen-nib, the Analgic has a broad tip, the point of which is formed by the angle at which its edges meet. The edges themselves are also sharpened so that when the needle is inserted it makes an incision wide enough, in the words of its makers, "to ensure easy, painless penetration, but not sufficiently wide to cause unnecessary trauma."

A test performed with the new needle is dramatic enough to prove the claims of its makers. This test consists of penetrating a piece of leather with the new point. It is said that standard needles will either bend or break under this test, but that the new needle will not only penetrate, but also remain fit for continued use afterwards. It is further claimed that the Analgic needle is, to some extent, self-sharpening, and that it has been used upwards of 400 times without deterioration of the cutting edge. There are also certain medical advantages claimed for the fact that the new needle is made with an ultra-short point.

Almost all hypodermic needles made nowadays are of stainless steel, but some are being made of nickel and platinum-iridium. The hypodermic needle begins life as a billet of steel perhaps eight inches long, and half an inch thick. It is bored so that it becomes a thick tube, and then it is rolled out to reduce it to the point when it can be drawn in much the same way as wire is drawn. Eventually it becomes a tube fine enough to go into a human vein or maybe even thinner still.

The manufacture of surgical suture needles, most of which are of carbon steel, has changed little in recent years. Whether they are straight, curved, or semi-circular, they still depend to a very great extent on the skilled eye and hand of the craftsman who makes them. The manufacturing processes are similar to those employed for making ordinary sewing needles until the blank has been pointed and the eye punched through. From then on the craftsman takes charge.

While the steel is still malleable, he shapes it to its final form with a small hammer. Then the steel is hardened, and afterwards polished by an ancient process which has not yet been bettered. The smallest needles of all are those used for the suturing of nerves, and they may be only one-eighth of an inch long.

NURSING EDUCATION

Considérations sur l'enseignement de la médecine

PAULINE CREVIER, Bc. Sc. H.

EN CE TEMPS-LÀ, vivait dans une grande maison, modeste et simple un personnage fort riche! Les femmes de grand coeur qui l'assistaient méconnaissaient ses richesses. Lui, venait livrer le dernier combat entre deux forces invisibles.

Aujourd'hui, dans une demeure immense et souvent luxueuse, vit aussi un être richissime. Les femmes vigilantes qui le côtoient exploitent logiquement ses richesses au profit de celles qui ignorent. Lui, vient chercher à Epidaure . . . les oracles d'Esculape.

Je vous ai présenté le malade d'un service de médecine, centre d'intérêt particulièrement remarquable. Considérons le chiffre des lits occupés par ces malades et nous sommes entourées de richesses extraordinaires. Richesses à exploiter et à utiliser pour la formation professionnelle des étudiantes de nos écoles.

L'enseignement de la médecine se fait par la conjugaison habile de moyens multiples. Si l'école donne un essor limité, l'hôpital, immense laboratoire offre un complément sans limites. Grâce à ces deux piliers, il nous est possible de tracer un plan ainsi réparti:

I. Leçons essentiellement théoriques données à l'école: a) partie "médicale," b) partie "nursing."
II. Leçons cliniques réalisées à l'hôpital: a) par enseignement "de groupe," b) par enseignement "individuel."

Mlle Crevier est la Directrice des études, Hôpital St-Luc, Montréal.

Pour préciser davantage et pour fins pratiques, prenons comme modèle le chapitre des maladies de l'appareil circulatoire. Nous allons considérer d'abord ce qui ressort de l'enseignement théorique donné à l'école.

PARTIE ESSENTIELLEMENT MÉDICALE

Afin de situer l'élève et de créer un cadre propice, le rappel anatomique et physiologique s'impose à la première leçon. Car, pour bien comprendre les différents processus d'un organisme malade, il faut avoir présent à l'esprit le fonctionnement normal de cet organisme. L'on ne doit pas oublier que l'étudiante-infirmière a reçu ses connaissances anatomiques et physiologiques en une dose massive qui, même absorbée, n'a pas été assimilée d'une façon parfaite. Ou, encore ne connaissant pas le malade à ce moment, il semble que le transfert se fasse plus difficilement et plus lentement.

Par ailleurs, l'intérêt d'une infirmière soignante grandit si elle peut apprécier l'état du malade par la lecture compréhensive et intelligente de la réponse aux analyses demandées. Cette lecture met toujours en parallèle, visiblement ou non, un fait physiologique normal et une réalité pathologique morbide.

La partie essentiellement médicale de l'appareil ci-haut mentionné comprend 10 à 15 heures confiées, de préférence, à un médecin travaillant dans un service préposé aux stagiaires. Le plan des leçons, soigneusement

préparé, doit être soumis au professeur par la directrice des études et au besoin discuté avec lui. Car, son auditoire peut avoir changé assez rapidement; deux heures plus tôt il dispensait peut-être un enseignement scientifique à un groupement dont la préparation est tout-à-fait différente et dont les fonctions ne sont pas les mêmes. Là où il s'attardait, il ne faut peut-être qu'effleurer. Les leçons destinées à nos élèves ne sauraient être une accommodation des précédentes apportées par quelques instants de réflexion. Cette transposition pour facile qu'elle puisse paraître est parfois extrêmement difficile si l'on envisage l'efficacité de l'enseignement. Et, ce sont souvent les buts énoncés clairement qui viennent sauver la situation. Tout ce qu'enseigne le médecin doit servir de base aux cours de Nursing.

La définition sert à la compréhension du sujet; les causes sont utilisées pour l'aspect préventif; les symptômes sont relevés pour l'observation, pour la prévention des complications et le confort à donner aux malades. Le traitement énoncé, réclamant la coopération de l'infirmière pour une réalisation adéquate, alimente une large part des leçons de "Nursing."

Partie du Nursing

Si l'on a consacré 15 heures au médecin-professeur, il en faut au moins 10 à celle qui est chargée de ces cours. Ce chiffe peut sembler fabuleux voir même utopique; mais, l'expérience ayant déjà confirmé cet énoncé, j'ose vous le communiquer.

L'institutrice clinique d'un des services de médecine est responsable de ces leçons. Elle est l'âme de cette matière, autrement bien morne et peut-être stérile, en plus de l'atmosphère qu'elle crée dans nos classes. Elle emporte temporairement dans nos murs ceux qui sont malades à la façon de 1955, et dont les traitements et les soins subissent une évolution telle que certaines méthodes préconisées en janvier sont déjà périmées en septembre de la même année.

Inutile d'insister sur la compétence que doit avoir cette infirmière; ses connaissances de base, sa formation clinique jointe à une expérience de trois à cinq ans dans le Nursing auprès des malades lui confèrent l'art de bien soigner et la possibilité de le transmettre aux élèves.

C'est, je crois, sur le contenu de ces leçons qu'il faille s'attarder un peu. Aussi, je trace sommairement les principaux points à offrir à un auditoire convaincu que le Nursing doit s'étudier. Pour fins d'ordre et nécessité didactique, on doit d'abord grouper théoriquement les maladies qui nécessitent des soins identiques. Par exemple, les soins à donner aux malades en insuffisance cardiaque grave diffèrent des soins à donner à ceux qui ont eu un accident cardiaque. Thrombose des coronaires, infarctus du myocarde, angine de poitrine s'associent très bien, formant un groupe qui offre des points d'observation communs pour l'infirmière et qui réclament des soins similaires.

Plan du Nursing

Explication des analyses susceptibles d'être demandées et rôle de l'infirmière: Comment l'infirmière peut-elle coopérer à la réussite d'une épreuve si elle ignore ce en quoi elle consiste? Ou encore gardera-t-elle inutilement un malade à jeun?

Pour rassurer le malade, ce qui est son rôle, il lui faut des connaissances au moins rudimentaires. Il existe toujours d'ailleurs une préparation physique et psychique qu'il est impossible d'ignorer.

Etude des éléments de valeur pour l'observation de l'infirmière: La recherche et la mise en évidence des éléments de valeur s'impose dans tous nos cours de Nursing. Ainsi, pour la première catégorie concernée (malade en insuffisance cardiaque grave).

Etude concernant:

la pulsation (variétés, caractères, etc.)
la respiration (variétés, caractères, etc.)
la tension artérielle
la douleur, si elle existe (intensité, durée, localisation, horaire, etc.)
les oedèmes
le poids
le volume des urines
la coloration de la peau, des muqueuses, des extrémités
la cryesthésie des extrémités

la température rectale
la toux, si elle existe
l'attitude psychique
l'état d'angoisse
les réactions nerveuses

Il est nécessaire de servir aux étudiantes le "pourquoi" de chacun de ces points d'observation. Ce que l'on comprend bien réclame une part minime à la mémoire et à l'hôpital, imprègne les soins de gestes intelligents.

Soins à donner: Viennent ensuite, se basant sur les symptômes et les signes, les soins précis que réclament ces malades et la responsabilité de l'infirmière:

a) conditions favorables de la chambre et du milieu (physique et psychique)
b) soins hygiéniques à la peau . . . à la bouche . . . etc.
c) la position du malade
d) confort physique et psychique
e) soins relatifs aux différentes voies d'élimination
f) dosage des "ingestas et excretas'
g) le problème alimentaire
h) le problème d'hydratation du malade
i) l'aérothérapie
j) repos et activités permises au malade

Etude des responsabilités physiques, psychiques et morales de l'infirmière vis-à-vis de ces malades.

Coopération dans le traitement médicamenteux, diététique et d'ordre technique: Ici, certaines notions déjà acquises interviennent pour fins de corrélation. Les techniques cependant méritent que l'on s'y arrête. Il faut les grouper et les considérer sous un autre aspect. Alors qu'au début elles étaient étudiées sous leur caractère purement technique, il semble qu'à présent, l'on considère plutôt le malade qui nécessite cette technique, comme partie du traitement.

Durant la période préliminaire, l'étudiante avait extrait l'essentiel. Certains points sont restés obscurs à cause de l'ignorance dans laquelle elle se trouvait au moment où elle a reçu ces notions. Dans la ponction d'ascite, par exemple, on lui a parlé de liquide retiré. Mais les connaissances touchant la formation du liquide, la qualité, la quantité ne pouvaient être abordées. Le devoir de surveillance du malade était accepté mais pas toujours compris.

Etude de l'aspect préventif et social de la maladie: La prévention ouvre un grand chapitre en s'inspirant des causes énoncées par le médecin. Voilà l'infirmière professeur au lit du malade.

Prévention de la maladie elle-même et régime de vie propre à la prévention des rechutes ou de nouveaux épisodes.

L'aspect social de la maladie est également important et suscite des problèmes connexes à la prévention et on doit l'étudier en classe.

Problèmes de convalescence et de réhabilitation: Il faut familiariser l'étudiante avec ces deux termes. Cet état qui indique que l'organisme a signé un pacte avec la maladie nécessite un programme de vie à tracer au malade.

Programme possible, réalisable et accepté de celui qui quitte l'hôpital.

La réhabilitation physique et psychique du malade est une autre partie important du plan. Ici lorsqu'ils existent, les services médico-social et de réhabilitation apportent une heureuse coopération.

Enfin, un examen écrit vient compléter la série de cours — 50 points sont alloués à la partie médicale et 50 points à la partie "nursing." L'examen corrigé, les erreurs sont relevées et étudiées par le correcteur et une mise au point est faite en classe.

Leçons clinique données à l'hôpital

Cette deuxième partie du programme a une valeur extraordinaire. Pour la réaliser, il faut nécessairement et avant tout un plan de rotation en harmonie avec le programme d'études et un plan de rotation au sein du département.

L'on sait que l'enseignement clinique peut être réparti sur les deux périodes du stage à savoir: stage junior et stage sénior. Ainsi, trois mois consécutifs dans un service de médecine chez les femmes (stage junior) et trois mois chez les hommes (stage senior) et vice-versa. Par cette interversion, l'étudiante n'est pas privée des connaissances à acquérir auprès des unes et des autres, exemples: le diabète, plus fréquent chez les

femmes et les ulcères d'estomac dont les hommes sont les plus souvent victimes. Pour certaines maladies distribuées à taux à peu près égal entre les deux sexes, reste le facteur individuel à considérer. Belle application des notions psychologiques apprises à l'école que cette variante de la même maladie chez deux personnes humaines essentiellement différentes, ayant quitté un milieu différent, soumises à un milieu différent et devant retourner à ce milieu dans lequel la maladie a pris racine.

Le programme d'enseignement clinique de groupe peut être réparti entre 10 ou 12 semaines, selon les méthodes employées et le temps dont on dispose. Cet enseignement dans nos écoles est confié soit à l'hospitalière, soit à son assistante, soit à une infirmière-monitrice dépendant de l'école. L'attribution de cette tâche reste soumise à l'organisation du Nursing dans l'hôpital. Sans contredit, dans un département qui héberge cinquante malades et au-delà, cette tâche ne saurait être confiée à l'hospitalière ou à son assistante. La méthode d'une infirmière-monitrice semble avoir la préférence et plusieurs raisons légitiment cette opinion.

1. Il en résulte plus d'uniformité dans l'enseignement en général et une corrélation meilleure entre l'enseignement théorique de la médecine, du nursing et l'enseignement clinique.

2. Etant vouée uniquement à la formation des étudiantes, on peut compter avec assurance sur la réalisation intègre du programme. Elle se passera outre, un jour, comme il arrive parfois chez l'hospitalière qui logiquement opte pour une valeur essentielle: la vie d'un malade à sauver.

3. Le temps nécessaire à la documentation et à la préparation des leçons qui est un problème pour une hospitalière, n'existe pas pour l'infirmière-monitrice.

4. Et, raison primordiale de la méthode: l'enseignement individuel, à tout instant du jour et à l'occasion.

L'enseignement clinique concrétise l'étude de la médecine, du Nursing et de la thérapeutique du malade sous toutes ses formes. Il provoque chez l'étudiante, une centralisation de ses connaissances théoriques sur une personne humaine malade. La mobilisation de ses ressources latentes converge vers la restauration d'un organisme atteint par la maladie. Les sujets choisis pour les leçons ne doivent pas briller par leur originalité ou leur rareté. Qu'une infirmière soit un peu perplexe un jour, en face d'un malade atteint de la maladie de Dercum n'est pas grave, mais qu'une infirmière prive un malade en insuffisance cardiaque, de bons soins . . . celle-là ne mérite pas de s'intituler "infirmière."

S'adressant à un groupe et étant préparées à l'avance, les leçons cliniques en médecine risqueraient peut-être d'être trop théoriques sans cette forme éducative de choix: l'enseignement individuel. La monitrice devient à l'occasion une institutrice privée, une conseillère, une initiatrice, un guide sûr et précis. En service, huit heures durant et n'existant que pour la formation professionnelle des étudiantes, elle peut orienter chacune d'entre elles dans la besogne assignée. Ainsi, arrive au département un malade ayant subi un infarctus du myocarde, l'occasion est à saisir: attirer l'attention des étudiantes sur les signes présentés par le malade, "le pourquoi" de ces signes, le confort physique et psychique à lui apporter, la médication prescrite, les résultats à attendre, la surveillance des réactions possibles, le respect du repos, l'interprétation des analyses, etc.

Une méthode qui semblerait être utilisée avec succès, c'est celle de la feuille de prescriptions en "nursing." Ce qu'on lit d'abord et qu'on applique ensuite entre mieux au champ des connaissances.

Pour fins de culture et comme complément le procédé appelé "étude de malade" est fort recommandable.

Resterait un examen sur place à la fin du stage. Examen oral, sans doute, accompagné d'une technique à réaliser avec attribution de points.

Plus on accorde d'importance au côté clinique, plus on attache l'étudiante à sa tâche qui devient non pas un travail obligatoire subi pour le profit d'un groupe appelé "corps administratif" mais, travail enrichissant

auprès de ceux qu'elle a choisi de servir de toute son âme, avec "son, coeur, sa tête, ses mains."

En résumé, il faut pour atteindre le but proposé, des élèves réceptives, des professeurs préparés, capables de communiquer leurs connaissances, un programme théorique bien organisé, une réalisation clinique adéquate et condition *sine que non* . . . les malades, riches ressources éducatives de nos hôpitaux.

Sélection

Lésions à la colonne vertébrale.

Le film récent du Ministère du Travail sur la prévention des accidents a été montré à l'occasion de la réunion annuelle des Associations de prévention des accidents du travail. Ce film s'intitule "Premiers soins à la colonne vertébrale."

Le Ministre du Travail, l'hon. Milton F. Gregg, a dit qu'il estimait que le nouveau film pourrait for bien être le plus utile de tous les films du ministère sur la question puisque le message qu'il renferme s'adresse à tout le monde, quelle que soit la condition de vie. M. Gregg a affirmé que les médecins experts les plus autorisés pour discuter des lésions à la colonne vertébrale ont assuré au ministère qu'un grand nombre de cas de paralysie permanente et de décès par suite de lésions à la colonne vertébrale sont directement attribuables à la maladresse de personnes sur les lieux de l'accident. Chaque année, bien des blessés voient s'aggraver leur mal à cause du désir tout naturel chez les témoins de l'accident, au travail ou ailleurs, de faire transporter la victime à l'hôpital de l'endroit, oubliant ainsi que le fait de transporter sans les précautions nécessaires une personne gravement blessée à la colonne vertébrale peut entraîner la paraplégie et même la mort.

Outre les souffrances et les ennuis incalculables qui résultent d'une telle façon d'agir, il y a la question du coût élevé en argent. La Commission des Accidents du travail d'Ontario a rapporté qu'un seul cas de paraplégie peut coûter de $50,000 à $100,000 aux employeurs assujettis à la loi sur la compensation des accidents du travail.

Le film avertit tout d'abord qu'en cas de soupçon d'une lésion à la colonne vertébrale on ne doit absolument pas remuer le patient à moins d'avoir l'aide de personnes qualifiées en premiers soins. Le simple fait d'asseoir le malade pour lui donner à boire peut entraîner des conséquences néfastes. Puis le film explique ce qu'il faut entendre par fracture de la colonne vertébrale et comment la condition n'est pas nécessairement permanente si on y voit de façon appropriée. Il donne ensuite les éléments des premiers soins à prodiguer.

Bien que le film soit destiné à l'industrie d'abord, il est d'un intérêt beaucoup plus vaste et il sera probablement en demande en particulier par ceux qui s'occupent d'enseigner les premiers secours. —Extrait de *la Gazette du Travail* — mai 1955.

Les cours théoriques pour infirmières, donnés par les médecins, pèchent souvent par une surabondance de termes techniques et d'explications trop détaillées. Ainsi une partie de l'énergie des élèves est gaspillée et leur temps est mal employé. Il leur devient difficile de distinguer l'essentiel de l'accessoire. Par cette surabondance de connaissance médicale, la tâche véritable de l'infirmière est souvent négligée. — *L'information Médicale*, 23 mai 1955.

Mlle Nightingale nous parle:

Tout hôpital mal construit, mal placé, est une grosse perte d'argent; les malades s'y prolongeront, l'encombrement en résultera, le personnel souffrira, *sera instable* et le service mal assuré sera cause de gaspillage.

Nursing Profiles

Sister Marie-Denise Lefebvre has achieved the goal towards which many students aspire. This year the Faculty of Arts of the University of Montreal conferred upon her the degree of Doctor of Philosophy (Ph.D.) in education. Born in St. Benoit, Que., Sister Lefebvre, of the Sisters of Charity, Grey Nuns of Montreal, graduated from St. Boniface Hospital, St. Boniface, Man. She had already earned her B.A. from the University of Montreal, her B.Sc. in N. Ed. from St. Louis University, St. Louis, Mo., and her M.Sc. in N. Ed. from the Catholic University of America in Washington, D.C. before beginning the work that has recently been successfully culminated. Sister's studies for the doctorate were pursued at the Ecole Normale Secondaire, a school of education affiliated with the University of Montreal, where she obtained her credits in various courses in education, psychology, methods of research, etc. In addition she prepared a voluminous thesis of 300 pages that establish Sister as our foremost Canadian authority on the Evaluation of Schools of Nursing. We join in sincere congratulations to Sister Lefebvre on this notable achievement.

As director of the Institut Marguerite d'Youville, a school for graduate nurses in Montreal, Dr. Lefebvre has a wonderful outlet for her vast store of knowledge. She has been an active member of many committees in the Association of Nurses of the Province of Quebec, is currently the member of the Nursing Sisterhoods for Quebec on the Executive Committee of the Canadian Nurses' Association and is chairman of the Canadian Conference for Catholic Schools of Nursing.

SISTER D. LEFEBVRE

Ruth Thompson, who graduated in nursing from the University of Alberta and later secured her master's degree in nursing education from Teachers College Columbia University, has been associate director of nursing education at University Hospital, Edmonton, since her return to the city of her birth. Shortly after she graduated, Miss Thompson became the instructor at Archer Memorial Hospital, Lamont, Alta. She returned to University Hospital as clinical supervisor for three years then accepted the position of director of nursing at the General Hospital, Belleville, Ont. During World War II she enlisted with the R.C.A.M.C. and served on Canadian hospital ships until all wounded forces were safely transported home. Since 1948 she has been director of nursing at Victoria Hospital, London, Ont. Miss Thompson is a member of the Soroptimist International of Edmonton.

Wm. Kensit Studio, Edmonton.

RUTH THOMPSON

Mildred Lucille Tuttle, whose thoughtful look at nursing education in Canada was published in last month's issue of our

Journal, was honored by Wayne University, Detroit, when she received an honorary doctorate in science at this year's convocation. The citation read with her presentation accords well deserved praise for the splendid leadership Miss Tuttle, who is director of the Division of nursing for the W. K. Kellogg Foundation, has given in nursing education. It reads in part:

Through her vision and leadership, graduate programs in nursing education have been developed and improved in universities throughout the country, with the result that today teachers in schools of nursing and administrators in nursing services are better prepared for the heavy responsibilities which they need to assume.

International nursing, too, has benefitted from her leadership, as nurses from many lands have enjoyed opportunity for advanced study through her guidance of financial support and sound use of educational facilities for this purpose.

CAROLINE V. BARRETT

Charlotte Tassé, president of the Institut Albert Prévost, was signally honored for her outstanding work in psychiatry when she was made the recipient of the Canadian Mental Health Award for 1955. A graduate of Notre Dame Hospital, Montreal, Miss Tassé pioneered, in developing courses in psychiatric nursing for both registered and practical nurses. In the interest of providing an educational medium for French speaking nurses, Miss Tassé founded *La Garde-Malade canadienne-française* and for the past 28 years has been its editor.

Adolphe, Montreal.

CHARLOTTE TASSÉ

Caroline Victoria Barrett has retired after serving as the nursing supervisor of the Women's pavilion of the Royal Victoria Hospital, Montreal, for the past 29 years. Graduated in 1915 from The Montreal General Hospital, Miss Barrett went almost immediately to the Montreal Maternity Hospital as night superintendent. The die was cast! Miss Barrett has been associated

Notman, Montreal.

M. GENEVA PURCELL

with maternity work ever since. She was superintendent of the Maternity Hospital for over seven years before it was amalgamated with Royal Victoria Hospital. Setting a high standard for her personal service, she has instilled a lively interest in this same high level of accomplishment in the hundreds of undergraduate and postgraduate nurses who have been trained under her direction.

Nor was Miss Barrett's energy limited to the confines of the hospital. She is an ardent believer in nurses assuming responsibility for their own professional affairs. To this end she has served in many capacities in nursing association work. For three years she was president of the Association of Nurses of the Province of Quebec. She has long been a member of the Art Association of Montreal and the Women's Canadian Club. Her ready Irish wit, her gracious dignity and her passion for careful work will long be remembered.

M. Geneva Purcell, a graduate of Royal Victoria Hospital, Montreal, who has had wide clinical and administrative experience is succeeding Miss Barrett.

In Memoriam

Anna *(Galbraith)* Ceas died at Hamilton, Ont., on June 3, 1955, in her 80th year. Mrs. Ceas, who had operated a nursing home in Hamilton for many years, had been failing in health for some time.

* * *

J. Charmon *(Fontaine)* Du Mesnil died recently in Vancouver at the age of 66. Mrs. Du Mesnil was on the staff of St. Paul's Hospital, Vancouver, for many years, retiring in 1950.

* * *

Gertrude *(Church)* Farish, a graduate of Lady Minto Hospital, Cochrane, Ont., died at Toronto on June 22, 1955. Mrs. Farish served as a nursing sister in World War II with No. 16 C.G.H.

* * *

Josephine *(Goulet)* McKillop, who graduated from St. Boniface Hospital in 1914, died at Winnipeg on June 10, 1955, at the age of 62. Mrs. McKillop joined the staff of the Manitoba Department of Health in 1920 and served as a provincial public health nurse for many years.

* * *

Agnes Imelda *(Smith)* O'Connell, a graduate of the Ottawa General Hospital, died at Ottawa on June 23, 1955, after a brief illness.

* * *

Josephine *(O'Loughlin)* Shaw, who graduated from St. Joseph's Hospital, Peterborough, Ont., in 1938, died on December 19, 1954.

* * *

Sister St. Denis, who graduated from St. Joseph's Hospital, Peterborough, Ont., in 1925, died at Port Arthur, Ont., on November 20, 1954.

Essentials for Happiness

The business of living, which most of us manage fairly well, involves the blending and widest use of all our endowments. To attain this maximum capacity and achieve happiness we need:

1. Love, of parents and others and later of a partner, as well as the love of friends. Love is given a unifying principle and a sustaining background by religion.

2. A social sense and feeling of significance among those around us, and some degree of power in the community.

3. Outlets for creative activities, not necessarily the pursuit of culture, desirable though this is, but satisfied perhaps by the production of a beautiful garden, the amassing of a stamp collection, or by taking part in the activities of a good football or hockey side.

4. An appreciation of the creative powers of others, of the ability of gifted people to provide music, art, literature, architecture, scientific advances and admirable performances in various fields of sport.

5. The ability to rest, relax and play.

—D. N. Parfitt, M.D.

NURSING SERVICE

Things That Worry Me

BLANCHE BISHOP

Author's note: This address was given by Mr. Sidney Katz, assistant editor, *MacLean's Magazine,* at the annual luncheon meeting, Industrial Nurses' Committee R.N.A.O. Mr. Katz spoke on four problems facing health and welfare workers. Nurses are interested in these problems, as they affect all groups of Canadians, but Mr. Katz felt that his national interest might give a slightly different perspective to them.

DIFFICULTY IN COMMUNICATING NEW IDEAS TO THE PUBLIC

MR. KATZ FELT that efforts to institute fluoridation (one of the most controversial subjects in Canada today) had met with little success, partly because of the medical profession's failure to communicate its ideas to the public. It has been demonstrated that fluoridation of water prevents tooth decay, and is harmless, yet a minority group blocks this health-giving measure. These few misinformed people distort statistics, distribute pamphlets that give incorrect information, and broadcast so effectively that only 3 per cent of Canadians enjoy the benefits of fluoridation. Doctors and nurses need to sell the public the scientific truth of fluoridation and will do so only by improving methods of communicating their ideas to the public.

MENTAL HEALTH

Mental illness is apparently increasing in Canada. The present 62,000 beds staffed by dedicated doctors and nurses, many working under great difficulties on inadequate budgets, are not enough to care for the psychotic members of our population. There are an estimated 500,000 neurotics in Canada, posing still other problems. While the cause is not yet known, it is felt that research in the field of physical medicine will be rewarding. Shock has benefitted some patients and new drugs have proved helpful. Toronto Psychiatric Hospital is experimenting on tests that show the oxygen content of the blood of mentally ill patients is much lower than in normal individuals. This new knowledge points up the need for more research in the biochemical field if mental illness is to be controlled.

Mr. Katz questioned if hospitals are the best place to treat mental illness. The answer would appear to be "yes" if the psychotic patient needs protection from himself and for the community. But, it is economically unsound to keep adding to the number of hospital beds allotted for treatment of mental illness. It has been demonstrated that a colony-type institution, with provision for industry, materially helps the mentally ill man or woman to return to normal living. Mr. Katz told of an experiment at Weyburn, Sask., where one hundred patients were placed on a daily schedule that kept them busy from 7:00 a.m. to 9:00 p.m. with work and various crafts, including outdoor activity. After six months there was a marked reduction in the amount of sedation required by these patients. One interesting and unexpected result was that five schizophrenics, who had never emerged from their world of fantasy long enough to cooperate with anyone, together planned a joint escape!

Gheel, Belgium, has long had a

Miss Bishop is industrial nurse with Weston Bakeries Ltd., Toronto.

model method of treating mentally disturbed individuals, who come from all parts of the world to seek treatment. They are kept in a hospital for a few days or weeks, then boarded out with local families, where they live a normal life and enjoy the freedom of the community. Being treated as a normal human being made a tremendous difference in their recovery.

Psychoneurotics cause a great deal of difficulty and it is suggested that most of these troublesome people will be found to be suffering from extreme inner conflict. Often an industrial nurse will become their confidante and may help them seek competent medical help in solving their personality problems. Differences among child psychologists have confused parents to the point that they scarcely know what to believe. There should be respect for parents by child psychologists and a minimum of interference. There is no perfect way to bring up children. Parents are hampered by guilt feelings engendered by conflicting theories advanced by differing psychologists.

Chronic Illness

The increasing incidence of chronic illness in our population raises the question, in Mr. Katz's mind, whether we are actually winning the fight against illness. New drugs and improved methods of treatment have wiped out many childhood diseases but diseases of the heart and blood vessels have doubled in the past 20 years. Diabetes is just one of the many afflictions for which the tendency is carried by the genes to succeeding generations. The speed of modern living with its increased tempo, has been blamed for many of today's degenerative diseases.

Our present system of economics results in women marrying at an older age or voluntarily postponing childbearing. Too few babies are born to mothers in the 20-24 age group — reputedly the best years for a woman to have children. Mothers in the 40-50 age group have three times as many defective children as do young mothers. Present medical skills allow us to salvage these defective children. If we help people live longer, we have some responsibility to help solve the problems that arise as a result of increased longevity.

Nutrition

We tend to neglect nutrition as a health problem while all around us we see the results of poor eating habits — the overweights, the underweights, and the poorly nourished. Nutrition is actually more important than some of the topics that get a bigger share of public attention. Obesity should receive the same publicity that cancer gets. Indirectly and directly it kills more people. It is estimated that the mortality rate for overweight men is 79 per cent higher and for overweight women 61 per cent higher than for normal individuals. Mr. Katz likened overweights to Austin motors in Cadillac chassis.

The jolly fat man is just a myth. One overweight explained that he always appeared jolly because he was too heavy to run and too fat to fight. Life is harder for the fat person. Clothes cost more, living costs are higher because of increased expenditure for food. In some cases fat people are discriminated against in the labor market. An English doctor has suggested that fat people should be taxed more as they tend to seek medical advice more frequently and are thus using up more National Health benefits. Another man has suggested that overweights should pay higher fares on public transportation.

Foremost among our food faults is the "no breakfast" habit. Many adults are guilty and also suffer from a scarcity of Vitamin C, milk and cheese. Many children receive inadequate amounts of Vitamin D and iron.

In conclusion, Mr. Katz stressed that in spite of an abundance of good food Canadian have poor dietary habits. More public education is needed if Canadians are to improve their nutrition.

Youth is the time of life when people are too old to take advice.

Enuresis

ESME M. BAKER

LUCY, AGED FOUR, was admitted to the pediatric department with diagnosis of enuresis — a condition that describes incontinence of urine. This diagnosis is only made after a child reaches the age of three or four years, for then bed wetting is no longer physiological. It may occur both day (diurnal enuresis) or night (nocturnal enuresis), but when it is persistent investigation should be made to find the cause. It may be found to be part of a behavior disorder by means of which the child hopes to gain attention or it may be of organic origin occurring in nephritis, diabetes, local irritations and inflammations and congenital anomalies.

FINDINGS

Subjective symptoms: Lucy's chief problem was "dribbling," having occurred ever since birth. It was noted that she lost urine a drop at a time whenever she was standing. *Objective symptoms.* Laboratory tests were made at once. Though the red blood cells showed slight hypochromia, there were no signs of generalized infection or anemia. Immediately prior to surgery, the hemoglobin was 83% — 12 gms., indicating no significant pathology.

The admission urinalysis was normal with a few red blood cells. This was not significant though, if many were found, it could indicate glomerular nephritis. These findings indicated a normal concentration of urine and absence of kidney infection with negative protein content. Also, diabetes was ruled out because sugar content was negative. The blood urea nitrogen test (B.U.N.) was within normal limits proving that the kidneys were not allowing abnormal amounts of protein to pass through to the urine as they do when damaged.

Physical examination: Findings showed that Lucy was well developed, well nourished, alert and cooperative, appearing quite normal for her stated age. There was no history of tuberculosis, cancer or diabetes in her family. She was not known to have any allergies but has been subject to the odd cold.

The intravenous pyelogram report showed no densities suspicious of urinary calculi. On the left side there was good concentration and excretion of media with no gross obstruction or distortion. The bladder contour was within normal limits. On the right side were small blobs of media closer to the midline than usual suggesting an atrophic kidney.

Following the injection of indigo carmine the retrograde pyelogram report showed an absence of the right half of the trigone and meatus. The dye appeared promptly from the left side in about four minutes. No dye was seen in the urine leaking from the bladder. On the right side, no meatal orifice was found. A diagnosis of aberrent ureter on left side with vestigeal right kidney was made.

Since this is a rare congenital anomaly the doctor could only go by the child's symptoms and investigate with pyelography to find further symptoms. In most congenital kidney anomalies few symptoms occur. Those that do however, should be investigated, for kidney dysfunction presents the patient as a poor operative risk. The symptoms depend upon the site of the lesion. Actual kidney damage shows up in urine tests.

TREATMENT

Treatment consisted of investigation to locate the abnormality and surgery (Right Nephrectomy) to correct the condition. Lucy was grouped and matched for blood to be given at the time of the operation to withstand shock and counteract blood loss.

Intravenous pyelography findings showed that the left kidney and bladder were of normal architecture but on the

Miss Baker, who completes her training this month at the Provincial Mental Hospital, Ponoka, Alta., made this study while on affiliation at the University Hospital in Edmonton.

right side only a small blob of kidney outlined the upper right collecting system. In cystoscopic examination the hymen was found to be bifid and urine was seen coming out of hymenal orifices. Efforts to determine the site of the meatus of the right ureter were not successful. The bladder was cystoscoped to find or confirm absence of the right orifice. Thus the whole right half trigonal had not developed. Indigo carmine previously injected appeared in good concentration from the left side. There was no concentration of dye shown from the vaginal orifice. Specific gravity on a normal specimen indicated good function of the left kidney. The right kidney was removed.

A cut-down was started in the operating room and 200 cc. of blood and 500 cc. of glucose 5% in distilled water were given at the rate of 15-20 drops per minute to compensate for fluid and blood loss. Fluids were given orally after the nausea diminished.

Administration of penicillin was begun the second day post-operatively to combat possible pneumonia because Lucy's chest sounded congested, a cough developed, and her temperature rose. The drain from the incision line was removed the third day and the dressing changed. An enema was given the fifth day to relieve distention and promote movement of bowels. It was effective with the return of a small amount of soft stool. Sutures were removed the sixth day post-operative. Incision line appeared clean and healed. She was discharged on the ninth day.

Pathology Report

Right kidney — a very small, firm, atrophic kidney, an irregularly nodular shape, 4 x 1.5 x 1.5 cm. Sections show features of a marked chronic pyelonephritis with many areas of fibrosis and lymphatic infiltration replacing much of the kidney parenchyma. In other areas zones of normal parenchyma are evident. It is difficult to say whether or not this is in addition a hypoplastic kidney. Diagnosis — chronic pyelonephritis.

Nursing Care

Lucy was old enough to be reasoned with and with reassurance that her injections would be given quickly, she willingly submitted. Tension during the insertion of needles was relieved by getting her to cuddle her dolly and by not showing her the length of the needle. An attitude of firm expectation that she would accept occasional oral medication was necessary for she hesitated about its ability to relieve the pain in her side. This attitude helped relieve the fear and anxiety brought on by the pain post-operatively too.

Admission Care

While Lucy was being undressed for bed her mother helped with the procedure and answered such questions asked as — Did she have a special nickname? Has she brothers and sisters? Was she ever in hospital before? Does she have a good appetite or dislike any special foods? How long does she sleep at nights——is she particularly restless? Does she have a special dolly to sleep with? Is she able to wash and dress herself? What is her attitude toward the potty? With this information the nurse is better able to introduce the child to the changes from home to hospital routine, with far less alarm and trauma, and keeping as many home habits alive as possible.

Lucy was then introduced to her room-mates — to give her assurance of company — that she would not be left alone. The mother left the ward saying that she would come to see her next visiting day. Good-byes were short and Lucy settled well into the ward.

The first procedures explained were: a) taking of temperature b) weight, and c) the doctor's examination — to secure her utmost cooperation and reduce fear.

Pre-operative Care

Each day, as new tests were done, careful explanations were given mixed with ordinary conversation. The instruments used for these procedures were demonstrated to alleviate fear and gain cooperation.

Lucy was encouraged to join in play with other little girls her age. Stories were read and enjoyed following her morning bath in which each aspect of personal hygiene was brought up in a special little health lesson —brushing teeth, cleaning fingernails, combing of

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hair. It was explained why all this was necessary and she was encouraged to help herself to do these things. Rest hour was adhered to willingly. Meal times were pleasant. Lucy enjoyed her trays and ate the food in mannerly fashion and in proper sequence. "Please" and "thank you" were not forgotten. At bedtime she never felt quite settled till the nurse had helped by listening to her prayers. Then she was reminded that the nurse could hear her call and would come to her bedside if she wakened and needed help during the night.

When it was decided that an operation was necessary Lucy was told that she would be put to sleep and would waken with her right side bandaged, that possibly it would hurt until she was all better but she would no longer have trouble with wet panties. Also it was explained that her mother and doctor would come to see her often.

Skin preparation was done over an extensive area to have the operative site as free as possible from sources of infection. A tapwater enema was given to free the bowel of feces, prevent distention and contamination of the operative area. Fluids were discontinued at midnight to prevent post-operative vomiting. Pre-operative medication was given as ordered.

Post-operative Care

Lucy was carefully removed from the stretcher to the bedside unit that had been prepared with an anesthetic bed, intravenous pole, and locker with a blood pressure apparatus and anesthetic tray on it. She was placed on the unaffected side then turned on her back alternately, every two hours to prevent a chest condition developing. Special checks on dressings were made, watching for oozing that would indicate hemorrhage. Vital signs were checked every half hour for the first four hours to guard against possible shock. Temperature was taken rectally q.4h. to watch for any signs of developing infection.

Special attention was paid to voiding to make sure that the left kidney was functioning adequately and also to avoid distention. Hourly checks were made on the intravenous, regulating the flow and amount of fluid given. Restraints for restlessness were applied at wrists and ankles to allow the flow to run without interference. Sips of fluids were given as soon as possible then she was encouraged to drink as often as possible. The diet was increased slowly from fluids to soft foods to full meals. Rest periods during the day were established with fresh air admitted through windows, though the room was checked for draughts.

Encouragement was given for Lucy to cough and move about. She was assisted to sit up the third day post-operatively as her chest sounded congested and a loose, harsh cough developed. Special attention was paid to charting: intake and output accurately: cough and discomfort; elimination; progress of movement; and emotional wellbeing. Play had to be within her strength, limited post-operatively to books, dolls, conversation with nurses and other children. Her cot was moved about the ward to different spots where she could see what the other little patients were doing during their hours of play. Toys and friendliness aided her to combat homesickness. By asking Lucy about her home and what games she enjoyed playing with her sister, she became talkative and cheerful when previously she had been feeling sad. This kept up her home association. She liked to explain what she could see in picture books and enjoyed coloring. She needed to be helped to choose the best colors and stay within the lines and felt very happy indeed when praised for completing a pretty picture neatly and correctly.

Prognosis

The prognosis is good with the enuresis cured. Lucy should be able to work in any occupational field she chooses when she is grown up. There will be crucial times in her life during pregnancy or when surgery is again required when she will need the best medical attention to prevent complications that would overtax her one kidney. She must also take care to avoid any source of known infection.

Patient Instruction

Lucy was not used to a daily bath at home and at first did not enjoy it. How-

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ever, with encouragement before and play following it, she slipped into the routine well, learning to like it once it became familiar to her and she knew what to expect. Rest hour was stressed, also the encouragement of self-help in combing her hair, brushing her teeth, and using the potty. Pride in her personal appearance was encouraged with pretty hair ribbons. These things were made so routine that once begun daily they were not questioned but done with the impression that it was correct and necessary for her as she grows up to keep on doing them. It was explained that she could successfully use the potty post-operatively and would not be troubled with wet panties any more. A suitable adjustment was observed.

There were no specific discharge orders but her parents were advised that Lucy should have regular medical check ups, special attention to her diet and elimination, that she should avoid strenuous play and exercise till complete healing of the operative area was assured.

As far as the future goes I believe she will grow in knowledge of things that might endanger her life since she has only one kidney but that she will have a sound and practical attitude toward these things.

Artificial Respirations

In the Holgar Nielsen method of artificial respiration, the chest is compressed (expiration) against the ground by pressure applied to the back, and expanded (inspiration) by raising the arms and taking the weight off the chest. This method ensures good expansion of the lungs and this helps to oxygenate the blood reaching the heart.

1. Lay the casualty face downwards with head turned to one side, arms bent and forehead resting on his hands, so as to keep mouth and nose free from obstruction.

2. Kneel at his head, placing one knee near the head and the other foot alongside the elbow. From time to time, this position can be altered by changing the kneeling knee.

3. Place your hands over his shoulder blades, with thumbs touching on the mid-line and fingers spread out, the arms being kept straight.

4. Bend forward with arms straight and apply light pressure by the weight of the upper part of your body while steadily counting "one, two, and three," in 2½ seconds, to force air out of the lungs.

5. Release the pressure gradually and slide your hands to just above the elbows of the casualty, while counting "four."

6. Raise his arms and shoulders by bending backwards with your arms straight till you feel resistance and tension, without lifting the chest off the ground, while counting "five, six, and seven," in 2½ seconds, to draw air into the lungs.

7. Lay his arms down, then replace your hands on his back while counting "eight."

8. Repeat movements 3 to 7 with rhythmic rocking at the rate of 9 times to the minute, counting as follows:

"One, two and three": with hands on shoulder blades, bend forward and apply pressure (2½ seconds);

"Four": slide hands to elbows (1 second);

"Five, six and seven": bend backwards raising arms and shoulders (2½ seconds);

"Eight": lay arms down and place your hands on shoulder blades (1 second).

9. When breathing is re-established, carry out arm raising and lowering (6 and 7 above) alone, 12 times to the minute, counting as follows:

"One, two, and three": arm-raising (inspiration, 2½ seconds,)

"Four, five, and six": arm-lowering (expiration, 2½ seconds.)

10. If there are chest injuries, do the arm raising and lowering procedure only at the rate of 12 times a minute.

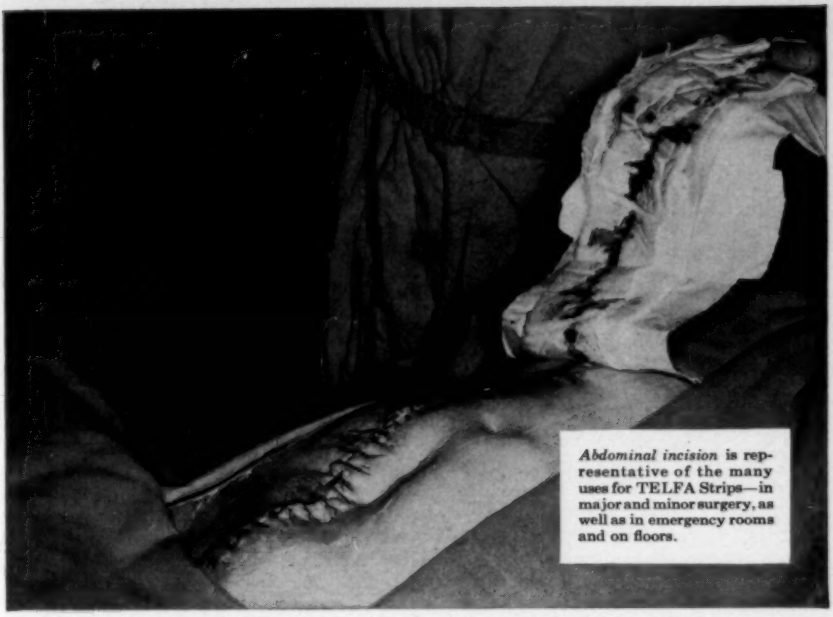
11. If the arms are injured, do the complete procedure but grasp the arms under the armpits.

12. If arms and chest are both injured, do arm raising and lowering by the armpits grip only.

13. Apply different degrees of pressure depending on sex and age; the amount should be just sufficient lightly to compress the chest; the bigger the individual, the greater the pressure required.

—*Nursing Mirror*

Poise is the ability to be ill at ease naturally.



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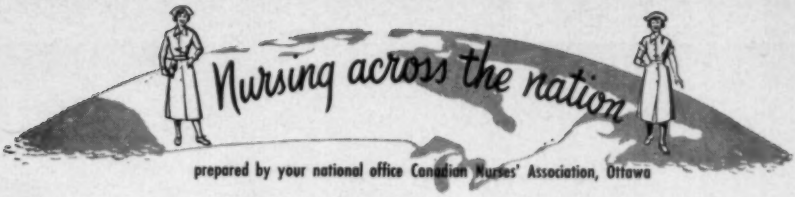

Nurses in the Press

Do you agree that we as nurses are making news these days? Certainly when considering all of Canada we seem to be getting fairly good coverage. But how about your own province, city or town? Are all available opportunities at your disposal being used? It is only when news is adapted in terms of community appeal that it is meaningful.

A survey of press clippings for one month indicates that the area of nursing service received a total of 68 write-ups, out of 171 clippings. Thirty-six clippings centred around stories about nursing activities in which a significant feature of the profession could have been usefully interpreted but was not. On the other hand, 51 of the total number did not allow for any possible significant interpretation. It would be well for us to consider this and for those responsible for public relations in their communities, to think about ways and means to improve this situation. Even the report of one meeting holds many opportunities for interpreting our services to the general public. Let us see that it does!

The Press Announces

We were pleased to read in a recent press clipping an announcement made by the publisher of the *Ottawa Citizen*, L. W. Southam, that two bursaries to the amount of $450 each would be offered by the newspaper to the schools of nursing of the Ottawa General and Ottawa Civic Hospitals. These bursaries will be limited to graduates of high schools in Eastern Ontario and Western Quebec and will be granted on a basis of academic achievement and aptitude. A fine tribute accorded to the nurse in the community!

Nurses these days do get about, some by parachuting, some by helicopter and some even go in for prospecting. Recently we learned of a nurse in Port Arthur, Mrs. Rita Balduc, who followed classes on claim-staking conducted by the Ontario Department of Mines and now has some 40 claims staked. What will nurses do next?

Those of you who enjoyed "A Lamp is Heavy" by Sheila MacKay Russell will be happy to learn, as we were, that she is hard at work on another book. This time we will find the student nurses of "A Lamp is Heavy" holding down responsible nursing positions. We wish Mrs. Russell every success in her literary endeavours, and congratulate her on the literary award recently received from the Toronto Women's Club.

Plans Underway

National Office saw members from across Canada, ten in all, congregate here recently to lay foundation plans for the 28th Biennial Meeting. A tentative program has been drawn up and the emphasis will be laid on the "Report of the Nursing Service Committee" for our theme in 1956 will be "Nursing Serves the Nation." Noted speakers will be approached to participate and your hostess provinces promise us a gala time.

A Visit to the Atlantic Provinces

Last June, Mrs Ethel Armstrong Collins, C.N.A. convention coordinator paid a visit to Nova Scotia, New Brunswick and Prince Edward Island. While in Nova Scotia, she attended the annual meeting of the Registered Nurses' Association of Nova Scotia in Amherst. The purpose of the trip was to discuss the possibility of having a "Maritime Nurses' Special Train" to

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carry our easterners to the convention in Winnipeg in June, 1956. Her visit was greeted with enthusiasm and already the three Transportation conveners, one from each province, are busily making plans and coordinating their activities to make the "Maritimes Nurses' Special" a huge success.

Do you know that at the time this is being written (July), three registrations have been received for the Convention — two from Quebec and one from Nova Scotia? Congratulations, Easterners!

Where We're Going in Public Relations

Mr. Fry, our Public Relations Counsel, is a regular visitor to National Office and assists in the preparation of publications which will be appealing and helpful. The suggestions that he brings us concerning opportunities for interpreting our services to our own membership and to the general public are invaluable.

At the present time, having obtained information from all provincial association offices concerning their efforts in a recruitment program, we are preparing guidance material which it was indicated would be found helpful in most provinces.

A revision of the booklet "The C.N.A. is Your Association" is being contemplated and as well a revision of "Do you Know" prepared by the Metropolitan Life Insurance Company. Changes in our structure make such revisions necessary.

Civil Defence Nursing

A detailed report of the course given for directors of nursing education and other selected nursing personnel at the Civil Defence College in Arnprior appears elsewhere in this edition of *The Canadian Nurse*. This was but one of the four similar courses which have been planned. The Civil Defence Health Planning Group hopes that the nurses responsible for curriculum development in Canadian schools of nursing as well as the nursing school adviser or comparable person from each provincial nurses' association, will take advantage of these courses either next fall or spring. The next course will be given from October 24 to 28 at the Civil Defence College. Although there has been consultation with both national and provincial nurses' associations, each provincial civil defence organization is responsible for the choice of candidates and detailed arrangements for transportation.

Revised Textbook Considers Canadians

With the recent increased interest in legislation for safeguarding the public against biological preparations, the sixth edition of Wright and Montag's "Textbook of Pharmacology and Therapeutics," published by W. B. Saunders, has been released at an opportune time. An appendix on Canadian Drug Legislation written by Charles W. Nash B.Sc., Ph.D., associate professor of Pharmacology in the Faculty of Medicine of the University of Alberta, makes particular reference to the Canadian Food and Drug Act, the Opium and Narcotic Act, and other legislation concerning medicines for internal and external use of man, domestic animals and pests. For many years, instructors in Canadian schools of nursing have felt the need for reference material less bulky than the copies of the Acts themselves and will, without doubt, make good use of this publication. We hope that this beginning indicates that the needs of Canadian nurses will be considered in the preparation of other textbooks.

"There are as many aspects of humor as there as aspects of life. But there is only one purpose of humor, and that is to make life richer, more varied, more full of delight."

— MERVYN JONES, *speaking on the BBC.*

War is on its legs, and a universal peace is as sure as is the prevalence of civilization over barbarism, of liberal government over feudal forms. The question for us is only "How soon?"

— RALPH WALDO EMERSON *written in 1855*

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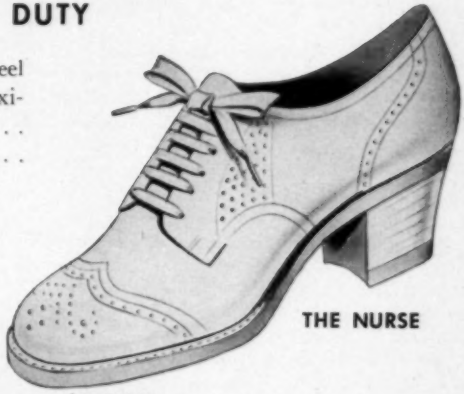

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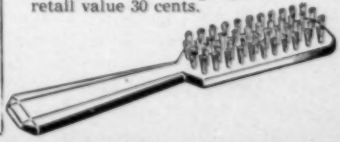

Le Nursing à travers le pays

La presse et les Infirmières

Avez-vous constaté la publicité dont l'infirmière fait l'objet, de nos jours? Nous pouvons certainement dire, si nous tenons compte du pays tout entier, que nous ne sommes pas négligées. Mais, quand il s'agit de votre propre province, de notre ville, de votre ville, que se passe-t-il? Profite-t-on de toutes les occasions qui nous sont offertes pour mettre l'infirmière en vedette? Les nouvelles d'intérêt local sont toujours mieux appréciées.

Un relevé de coupures de journaux fait durant un mois donne 68 faits se rapportant à la profession d'infirmière, sur un total de 171 articles. Trente-six rapportaient des faits qui auraient pu être interprétés et publiés de façon à faire mieux connaître la profession, mais on s'est contenté de les rapporter sans commentaires. Les 51 autres étaient tout à fait insignifiants, ne contribuant aucunement à renseigner le public sur l'activité des infirmières. Tenant compte de ces faits, les personnes qui envoient des nouvelles aux journaux et celles qui sont chargées des relations extérieures feraient bien d'étudier les moyens à prendre, pour améliorer cette situation. Même le rapport d'une assemblée peut offrir l'occasion de mieux faire connaître au public les services rendus par les infirmières. Voyons donc, à ce qu'il en soit ainsi.

Les journaux renseignent

Nous avons lu avec plaisir la récente déclaration de M. L. W. Southam, éditeur du journal "Ottawa Citizen", que deux bourses d'étude de $450, chacune, seraient offertes aux écoles d'infirmières de l'Hôpital Général et de l'Hôpital Civique d'Ottawa. Ces deux bourses seront mises à la disposition des élèves qui, dans les écoles primaires supérieures de l'est de l'Ontario et de l'ouest du Québec, ont obtenu les meilleurs succès et ont des aptitudes pour la profession d'infirmière. Magnifique marque d'appréciation rendue à l'infirmière de cette région!

Les infirmières, de nos jours, en font du chemin, en parachute, en hélicoptère, etc.! Quelques-unes vont même dans les mines, à la recherche de filons. Dernièrement, nous apprenions qu'une infirmière de Port Arthur, Mme Rita Bolduc, qui a suivi des cours sur la recherche des métaux, offerts par le Ministères des Mines de l'Ontario, a maintenant des droits sur quarante lots. Qu'est-ce qu'une infirmière ne peut pas faire?

Celles, parmi vous, qui ont lu avec plaisir l'ouvrage de Sheila Mackay Russell intitulé "A Lamp is Heavy" seront heureuses d'apprendre que l'auteur est en train d'écrire un autre volume; nous y verrons l'étudiante de "A Lamp is Heavy" occuper des situations importantes et assumer de nombreuses responsabilités. Nous félicitons aussi Mme Russell pour le prix de littérature qu'elle vient d'obtenir et lui offrons nos meilleurs voeux de succès.

Projets d'avenir

Le Secrétariat National a reçu récemment la visite d'infirmières venant de toutes les régions du Canada, au nombre de dix qui se sont réunies pour jeter les bases du plan d'organisation du 28ième Congrès biennal. Le programme projeté met en relief le rapport du Comité du Service d'Infirmières, car le thème du Congrès de 1956 sera: "Les Infirmières au Service de la Nation." Des orateurs de marque seront au programme et la province hôtesse nous promet de grandes réjouissances.

Une visite aux Provinces Maritimes

En juin dernier, Mme E. A. Collins, la coordonnatrice des congrès de l'A.I.C. a visité la Nouvelle-Ecosse, le Nouveau-Brunswick et l'Ile du Prince Edouard. En Nouvelle-Ecosse, elle a assisté à l'assemblée annuelle de l'Association des Infirmières de cette province tenue à Amherst. Le but de ce voyage était l'organisation d'un train spécial des Maritimes à Winnipeg, pour le Congrès de juin 1956. La suggestion a été reçue avec enthousiasme et, dans les trois provinces, l'on fait dès plans pour assurer le succès de l'organisation de ce train spécial.

Savez-vous qu'à l'heure actuelle (juillet 1955) trois personnes se sont déjà inscrites pour le Congrès de 1956: deux du Québec et une de la Nouvelle-Ecosse. Félicitations aux gens de l'Est.

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Où en sommes-nous dans notre programme de relations extérieures?

Notre conseiller en relations extérieures, M. Fry, est un visiteur régulier à notre bureau; son aide sympathique nous est d'une grande utilité; les suggestions qu'il nous fait dans le but de faire mieux connaître la valeur de nos services à nos membres et au public en général, sont inestimables.

Actuellement, ayant obtenu des renseignements de toutes les associations provinciales concernant leur programme de recrutement, nous sommes à préparer un guide qui sera utile dans les provinces aux infirmières qui s'occupent du recrutement.

Il est question de reviser la brochurette intitulée "L'Association des Infirmières canadiennes est votre Association" ainsi que la publication de la Metropolitan Life Insurance Company "Do you Know?" Les changements apportés dans la structure de l'A.I.C. ont rendu cette revision nécessaire.

La défense civile et le nursing

Un rapport détaillé du cours donné aux infirmières, directrices des études et autres, par le Collège de la défense civile à Arnprior est publié dans une autre partie de cette revue. Ce cours n'est que le premier d'une série de quatre. Le groupe chargé de la défense civile au Canada espère que les infirmières chargées de la direction de l'enseignement dans les écoles d'infirmières et les infirmières s'occupant de la visite des écoles d'infirmières dans les provinces, conseillères dans les écoles, et occupant des situations analogues, suivront les cours donnés en automne ou au printemps prochain. Le prochain cours sera donné du 24 au 28 octobre au Collège de la défense civile. Bien que les associations nationale et provinciales aient été consultées, le choix des infirmières appelées à suivre le cours et les détails de voyage sont laissés à l'organisation de la défense civile de chaque province.

Le Canada est considéré

Les éditeurs américains publient la majorité des manuels dont se servent les infirmières de langue anglaise au Canada; récemment la sixième édition du manuel intitulé "Textbook of Pharmacology and Therapeutics," publié par W. B. Saunders, fut publiée, avec un appendice contenant un article de Charles W. Nash, professeur de pharmacologie à l'Université d'Alberta, sur la législation canadienne concernant les médicaments, portant particulièrement sur la loi des aliments et drogues et la loi sur l'opium et drogues narcotiques, de même que sur d'autres lois concernant les médicaments pour usage interne et externe chez l'homme et chez les animaux.

Depuis plusieurs années, les institutrices dans les écoles d'infirmières se sont rendu compte de la nécessité d'un matériel de référence moins encombrant que les copies de lois au complet et utiliseront avec plaisir cette publication. Espérons, que ce n'est là que le début de la considération que l'on accordera, à l'avenir, aux besoins des infirmières et que la publication d'autres manuels suivra.

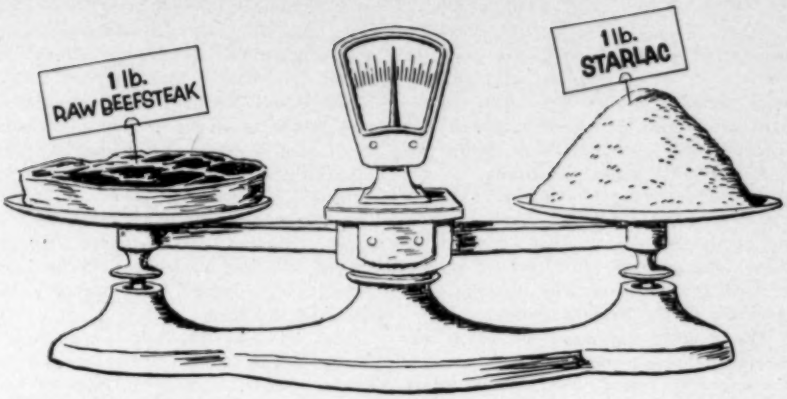
Chez les nôtres

Le nursing canadien rayonne dans le monde. Toutes les semaines, le secrétariat de L'Association des Infirmières de la Province de Québec reçoit des demandes de renseignements des groupes français du Canada et de l'étranger. Nos correspondants sont en Ontario, Nouveau-Brunswick, Vancouver et, à l'étranger, l'Indo-Chine, le Liban, Haïti, la Suisse, etc. L'Association des Infirmières de la Province de Québec est très heureuse de servir de lien entre les infirmières canadiennes et celles de ces pays.

Trois ans de démarches, de pourparlers et d'attente

Il y a trois ans, L'Association des Infirmières de la Province de Québec obtenait de l'American Hospital Association et de la National League of Nursing Education la faveur de traduire "Hospital Nursing Service Manual." Grâce à la bienveillance du Ministère de la Santé nationale et du Bien-Etre social et, tout particulièrement, la compréhension de Mme Alberte Sénécal, chef du service français de l'Information qui s'est chargée personnellement de ce travail, nous possédons enfin le "Manuel du Nursing à l'Hôpital." Nous voulons ici remercier publiquement de leur générosité nos compagnes américaines, l'honorable Ministre de la Santé nationale et Mme Sénécal; sans son aide, ce projet n'aurait pu être réalisé.

On traite volontiers d'inutile ce qu'on ne sait point. — Fontenelle



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Easily and quickly reliquefied, a one pound tin of Borden's Starlac makes 4 quarts of delicious milk. It also combines well with other ingredients—makes possible recipes containing large amounts of protein with only slight increases in bulk in the end product.

You can safely recommend Borden's Starlac wherever a high protein diet has been prescribed. If you would care to learn more about this "wonder milk", just send a postcard with your name and address to The Borden Company, Formula Foods Dept., Spadina Cresc., Toronto and our booklet "STARLAC IN HIGH PROTEIN DIETS" will be sent you.

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Student Nurses' Association of Alberta

At the time of preparing this report only seven months have passed since the "birth" of the Association. During this short period much has been accomplished.

At the second annual convention of the S.N.A.A. held April 26-28, in conjunction with the 37th annual convention of the A.A.R.N., and under the very capable chairmanship of Miss Eva Austin, 30 voting delegates were present representing some 1400 members from the 12 schools of nursing in Alberta. The following is a summary of the business conducted:

The proposed revision of the bylaws was accepted, effective immediately. As a result the executive council now consists of 12 members, one from each school. It is hoped that this will do a great deal to improve inter-hospital relationships and channels of communication within the association. To improve further upon this it was suggested that each member of the Council be installed as a member of the Student Council in her own school.

The new bylaws also affected terms of office, the auditing of the books, voting, nominations, elections, and the appointment of committee chairmen.

Five resolutions were passed; one was rejected. Those passed dealt with inter-hospital relationships and formation of a committee to deal with them; the division of the committee on nursing education, graduate nurse activities, and student nurse recruitment into three separate committees; a travel pool to cover the cost, in maximum, of transportation for the Council members to executive meetings; the setting up of standing committees; the formation of the S.N.A.A. News Letter.

The report from the Committee on Student Government gave an overall picture of the types of student associations, their governing powers, arbitration, and social privileges. It appeared to be a comprehensive summary with which each school association could compare itself.

The committee on Nursing Education, Graduate Nurse Activities, and Student Nurse Recruitment, stated that a questionnaire has been circulated to each school of nursing in the province. It deals with education requirements, educational systems, types of examinations and clinical teaching. It is hoped that many interesting and valuable suggestions will evolve from this survey. The booklet "What You Want To Know About Nursing" has been sent to each school as an aid to young graduates in choosing a special field of nursing. This committee also stated that a display for student recruitment will be set up at both the Calgary and Edmonton exhibitions.

Mr. Laycraft, a prominent Calgary lawyer, delivered a speech on "The Legal Aspects of Nursing." An excellent panel discussion followed.

Two letters were brought to the attention of the delegates. One from the Austrian Student Nurses Association, requested correspondence; the other, from Miss M. Kerr, editor of *The Canadian Nurse Journal*, suggesting the possibility in the future of a *Canadian Student Nurses' Journal*.

Suggestions to the delegates arising out of the convention were:

1. That the Association consider the possibility of sending delegates to the convention of the Canadian Nurses' Association to be held in Winnipeg in 1956.

2. That the editor of the S.N.A.A. News Letter make a survey to determine the response of each school of nursing to the recommendations from the convention.

3. That the delegates discuss with their own associations, the active participation of students immediately upon entering the school, i.e., voting privileges.

4. That each member of the executive council of the S.N.A.A. be a member of executive in her own school and be given an opportunity at council and mass meetings to discuss S.N.A.A. business and developments.

The convention was adjourned following the introduction and installation of the officers of the 1955-56 executive, who are as follows:

President — Miss B. Staples, University Hospital, Edmonton.

Vice-President — Miss E. O'Brien, Edmonton General Hospital.

Secretary — Miss L. Nance, Provincial Mental Hospital, Ponoka.

Treasurer — Miss G. MacRae, Archer Memorial Hospital, Lamont.

LEITH NANCE
Secretary

The secret of being tiresome is to tell everything. — VOLTAIRE

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TORONTO CANADA

Seven Ways To Prevent Accidents

JOHN H. O'BRIEN

TWO YEARS of research by traffic experts have resulted in new discoveries of the driving habits of those motorists who build life-time no-accident records.

The studies were made by John Cummings, a traffic research director in the automotive industry, and Harold Smith, a professional driver training supervisor who has taught correct driving habits to more than 20,000 persons.

The findings have been hailed by the National Safety Council as an exciting new hope that motorists, whether beginners or experienced, can become virtually "accident-proof" through mastery of a few simple rules.

The experts found that most accidents result from seven driving errors. Three out of 10 drivers seldom make these errors and these three have only a slight chance of ever having even a minor accident during their lifetime. The other seven do make the errors by habit in daily driving and they have the accidents.

What are the rules of the good drivers that will save all of us who drive from accident? The first three rules developed by Cummings and Smith deal with the use of the eyes. They are:

1. *Steer at your target*

Most drivers hug the left edge of the traffic lane as much as possible; because they steer by looking low at the left edge of the lane they leave extra room on the right. This habit explains lane-straddling and nearly all head-on crashes. If you aim far ahead, and steer at your target, your car travels exactly "on centre" in the lane. Let the lower part of your vision take care of the right and left edges of the lane.

2. *Aim high*

Keep a general watch over a wide, deep traffic scene rather than on small details. This will save you from being surprised, from the abrupt stops and turns that show bad driving.

At night, watch beyond your headlights for dark shapes on the road. Red lights ahead don't necessarily mean a car is moving. When in doubt, slow down.

3. *Keep your eyes moving*

Many drivers have a fixed stare. They start up on a green light without checking the side street. They stare at a dog or some other object and steer blindly into trouble. Many drivers behave this way when tired, or ill, or when they have had a few drinks. An angry driver also fixes his stare. Force yourself to keep your eyes moving. Watch ahead, near and far, behind, and to the sides. Scan the whole picture that has your car in it. Make this a constant habit; do it until it is a second nature.

The remaining four rules are:

4. *Make "blending" your purpose*

Traffic accidents occur when someone goes too fast or too slow or someone disturbs the normal straightline traffic flow by a diagonal or right-angle movement at the wrong time. Examples are speeders, or drivers preparing to make turns or park their cars.

Make it your concern to "blend" with the traffic flow. Don't set up resistance to any other car. Flow with traffic.

5. *Leave yourself an out*

Time yourself so you'll always have an escape hatch from any traffic situation. Keep a good stopping margin, a good maneuverable margin to either side. If necessary, head right off the road. Drive where the other driver can see you so that he isn't surprised at your appearance. In passing, get your speed up before you pass so that you can pass quickly. And when you are not certain of the developing situation, slow down.

6. *Catch their eyes*

When another driver or pedestrian threatens your path it means that he did not see you or thought you would be able to keep out of his way. Flick your lights or use your horn so that you are seen. Give an early warning so that you can still stop if you have to.

Remember, many drivers have a fixed stare and, because they don't keep their eyes moving, they are apt to be constantly surprised so that they swerve wildly or halt abruptly. If you yourself are surprised, it means you do not have good driving habits.

7. *Hold your traction*

You are not a good driver if you cannot control your car on icy or gravel roads.

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Nursing Texts

Winters — Protective Body Mechanics in Daily Life and in Nursing

This practical text applies the principles of correct body mechanics to the nurse's activities and the position and moving of the patient. It covers factors influencing body mechanics and related anatomy and physiology.

By Margaret Campbell Winters, R.N., P.T., Instructor in Nursing, Vanderbilt University School of Nursing, Nashville, Tennessee; formerly head of the Department of Physical Therapy, University of Chicago Clinics. 150 pages, with 393 illustrations. $3.50.

Averill and Kempf — Psychology Applied to Nursing

The author explains the basic concepts of psychology. He relates this material to the psychological problems nurses encounter in striving for their own and their patients emotional adjustment.

By Lawrence Augustus Averill, Ph.D., Formerly Professor of Psychology, Massachusetts State Teachers College, Worcester, Massachusetts; and Florence C. Kempf, R.N., A.M., Director, Department of Nursing Education, Michigan State Teachers College. 481 pages, illustrated. $3.50.

4th Edition.

Bogert — Fundamentals of Chemistry

Numerous charts, tables, definitions and summaries help the student to grasp the fundamentals of chemistry and their application to nursing.

By L. Jean Bogert, Ph.D., Formerly Instructor in Medicine, The University of Chicago; Instructor in Experimental Medicine, The Yale Medical School and Lecturer in Chemistry, Connecticut Food Economics and Nutrition, Kansas State Agricultural College, Manhattan; Research Chemist, Obstetrical Department, Henry Ford Hospital, Detroit, Michigan. 648 pages, 168 illustrations. $4.50.

7th Edition.

Bower and Pilant — Communicable Diseases

Nursing care and prevention of each communicable disease are discussed, as well as the pathology, symptoms, diagnosis, prognosis and etiology.

By Albert G. Bower, M.D., F.A.C.P., Head of the Department of Communicable Diseases, Los Angeles County General Hospital, Clinical Professor of Medicine, University of Southern California School of Medicine; Clinical Professor of Public Health and Preventive Medicine, College of Medical Evangelists, Los Angeles; and Edith B. Pilant, R.N., Formerly Director of Nursing, Los Angeles County Hospital, Los Angeles. 640 pages, illustrated. $5.50.

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If a skid starts, stay off the brakes and turn the steering wheel in the direction of the skid. Start and stop smoothly. It is the "jerky" driver who is always skidding. Hold down your speed on curves. To stop on ice, pump your brakes, don't hold them.

The experts add that once these habits are really habits, it is only necessary to concentrate on three of their rules. Aim high, eyes moving, catch their eyes.

— *The Vancouver Province*

Ontario

The following are staff changes in the Ontario Public Health Services:

Appointments—*Ruth Aiken* (Hamilton Gen. Hosp., Univ. of Tor. gen. course) formerly with the Leeds and Grenville H.U., to the Wellington Co. H.U. *Catherine Dossetor* (Royal Children's and Allied Hosp., and Royal Sanitary Institute, Melbourne, Australia) to Etobicoke Township. *Gladys Garratt* (Queen's Institute of District Nursing Cert., Health Visitor's Cert.) and *Marjorie Willison* (B.Sc.N., U. of T.) both to the St. Catharines-Lincoln H.U. *Nora Hicks* (Victoria Hosp., London, Univ. of West. Ont., cert. course) formerly with the Oxford H.U., to Ottawa Board of Health. *Lassy Malowany* (Winnipeg Gen. Hosp., U. of T. gen. course) formerly with the Kenora-Keewatin-Dryden Area H.U., to the Scarborough Township B.H.

Resignations— *Helen Aird* from the Lennox and Addington H.U. *Margaret (Lessells) Bailey* from the Oshawa B.H. *Adeline (Schweitzer) Graham* from the Middlesex Co. School Health Service. *Ruby (Irvine) Graham* from Scarborough Township. *Joan (McKenzie) Irwin* from the Kent Co. H.U. *Elizabeth van Laer* from the Timiskaming H. U. *Anita Melvanin* from the North York Township B. H. *Therese Mercier* from the position of supervisor, Prescott and Russell H. U. *Audrey (Pennell) Reeve* from the Welland and District H.U. *Sheila Romanoff* from the St. Catharines-Lincoln H.U. *Mary Sirrs* from North York Township B.H.

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments—Hamilton: *Dale Bond*

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Saskatchewan: Commercial Printers Ltd., 1935 Albert St., Regina, Saskatchewan.

(St. Jos. Hosp. Hamilton); *Beverley White* (McMaster Univ.). Montreal: *Irene Jacobson* (Miramichi Hosp. Newcastle); *Rhoda Phinn* (Victoria Infirmary, Glasgow); *Mrs. Nancy Wardrop* (Auckland Hosp., N.Z.). Ottawa: *Lisa Cusson* (Univ. of Ottawa); *Mary Whitney* (Civic Hosp., Ottawa). Toronto: *Ann Harvie, Anne Maguire, Helen Oldfield,* all (Univ. of Toronto). Vancouver: *Dorothy Rush* (Vancouver Gen. Hosp.).

Transfers—In charge: *Mrs. Marjorie (Rideout) Goodall* from Montreal to Smith Falls, Ont. *Mary McKenna* from Welland to Sarnia.

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Book Reviews

Handbook of Cardiology for Nurses, by Walter Modell, M.D. and Doris R. Schwartz, R.N. 320 pages. Springer Publishing Co., Inc., 44 E. 23rd St., New York 10, N.Y. 1954. Price $4.25.
Reviewed by Dorothy H. Barker, Medical Clinical Instructor, General Hospital, Calgary, Alta.

This book, a new and enlarged edition, presents the problems of the cardiac patient. Many changes are evident. The most valuable and greatest addition is that of five entirely new chapters concerning nursing care. Here, practical suggestions are made for improvement in the care of the total patient, the acutely ill patient, the chronically ill patient, and the child with cardiac difficulty. In chapter 20, the medical emergency situation is discussed with particular attention given to nurse-patient and nurse-physician relationships.

The chapter dealing with the treatment of heart disease is also considerably en-

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larged and improved — the sociological implications are studied and pertinent answers are given to some of the more frequent questions of our patients.

The book is well set up, the terminology is clearly defined and the style is easily readable. As in the earlier edition, an appendix concerning the low-sodium diet is included and an index provides for easy reference.

Because the cardiac patient remains the greatest concern in the medical area, it would seem that this book could very well be used as a reference for basic nursing.

Modern Medicine for Nurses, by Patria Asher, M.D., et al. 372 pages. British Book Service (Canada) Ltd., Kingswood House, 1068 Broadview Ave., Toronto 6, Ont. 1954. Price $3.60.

Reviewed by Sister Marie Simone, Director of Nurses, St. Martha's Hospital, Antigonish, N.S.

The subject matter of this book is divided into two sections. Part 1 includes eight short chapters on general topics such as rest, food, record keeping, urine testing, bowel action, control of cross infection and general ward management. Part II consists of 15 chapters concerned with the common diseases and their treatment including a chapter on mental ill health. In addition, the author has included Appendix A which deals with some major practical procedures with which the medical nurse should be familiar and Appendix B containing a table of weights and measures. The book also supplies a glossary which serves as a helpful reference for medical terminology.

The brevity, clarity and vivid descriptiveness so characteristic of many English texts is clearly demonstrated in the presentation of this book. It is easily read, contains the most important aspects of medical nursing and is made particularly practical for the nurse. The author is very much to the point in her discussion of subject matter and has exercised wisdom in injecting here and there short case histories for illustrative purposes. This latter point is an advantage for students, particularly, since they are usually reluctant to read details. Brevity seems to be the book's most attractive feature.

I must admit that I did no find the title too appealing. A title such as, "Nursing Care in Medical Diseases," is usually more attractive to the nurse whose chief concern in teaching or even studying medical nursing is the part she has to play in caring for the patient. However, the patient-centred approach compensates and one does not read very much of the text before becoming aware that the emphasis is on the nursing aspect and not on straight medicine. The book is particularly valuable as a reference and for review purposes. I do not feel that it is complete enough, however, for the instructor or student to use as a text.

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GENTLY RELIEVES ORDINARY CONSTIPATION

Un guide dans le diabète, par Rosario Robillard. M.D. En vente à la pharmacie de l'hôpital St-Luc, 1058 St-Denis, Montréal. $4.75. 1955. 282 pages.

Revue par Suzanne Giroux, Visiteuse officielle, A.I.P.Q.

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L'infirmière doit posséder suffisamment de connaissances sur cette maladie pour savoir donner, à l'occasion, les sages conseils et les saines directives au diabétique auprès duquel son rôle l'a placée "c'est ainsi que l'auteur s'adresse à nous." L'infirmière qui continue l'enseignement donné au malade par le médecin, trouvera dans la lecture de ce livre les renseignements qui lui permettront de rafraichir ses connaissances, puisque les livres écrits sur le sujet il y a 10 ans sont périmés et de bien renseigner le malade.

Tout le long du livre le Dr. Robillard insiste avec raison sur l'éducation du diabétique, il en fait la clef du succès. Le régime alimentaire n'est pas suivi parce qu'il n'est pas compris. Au chapitre du coma diabétique, l'auteur toujours soucieux d'éducation, parle de *"ignorance coupable"* et de *"l'ignorance pardonnable."*

Les infirmières aimeront particulièrement à lire les chapitres sur: le diabète infantile et le diabète et la grossesse, les malades de cette catégorie se rencontrent moins souvent et les laissent souvent perplexes.

Les besoins alimentaires conditionnés par l'âge, le sexe, le poids actuel, la taille et le mode de vie, et la classification des aliments aideront l'infirmière en premier lieu à faire comprendre au malade les raisons qui ont motivé son médecin à lui donner tel régime et ensuite à lui aider à composer des menus variés.

Le chapitre de "l'insuline" mérite une étude approfondie, l'infirmière doit le posséder sur le bout de ses doigts. L'à-peu-près dans ce domaine serait criminel.

L'emploi de mots scientifiques vous étonnera peut-être dans un guide destiné à des malades en général, n'oublions pas qu'il s'adresse également aux praticiens, pour ces derniers ce langage, il y va de soi, ne présente aucun problème; pour les autres un lexique à la fin du livre leur donnera les explications nécessaires.

Ce qui me plait dans le livre c'est le ton encourageant, stimulant employé; il apporte aux diabétiques un message d'espoir, il fait du diabète "la maladie la plus enviable." Livre à conseiller à nos infirmières et qui doit se retrouver dans les bibliothèques de nos malades et dans celles de nos écoles d'infirmières.

Fractures and Orthopedic Surgery for Nurses and Physiotherapists, by Arthur Naylor, Ch.M., et al. 315 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto, Ont. 3rd Ed. with 254 illustrations. Price $4.35.

Reviewed by Eleanor K. Gee, Surgical Clinical Supervisor, General Hospital, Brantford, Ont.

The author expresses a desire "to leave my readers with the impression that of the three essentials of treatment — prevention of deformity, correction of deformity, and maintenance of correction — the greatest of these is *prevention.*"

He has assumed that nurses have acquired their basic principles in surgery and that this book will aid them in applying their knowledge, stimulate their interest in and understanding of the treatment of orthopedic conditions.

This edition discusses the new advances in treatment including the use of antibiotics and new drugs such as cortisone. Clear and concise, it is printed on good paper with frequent use of heavy type to emphasize topic headings. The illustrations aptly depict instruments and appliances currently in use as well as many photographs of patients receiving treatment.

The book is divided into 14 units and

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includes orthopedic apparatus; theatre technique, methods of correction of deformity; amputations; fractures and dislocations; diseases of bone, joint; affections of soft tissue, epiphyses, spine and foot; congenital deformities; peripheral vascular lesions and surgery of paralysis. Some aspects of nursing care are stated briefly but on the whole, emphasis is placed on discussion of orthopedic conditions, signs and symptoms, and treatment of each.

Of interest to physiotherapists will be the information concerning exercises, particularly the routine of exercise after cup arthroplasty.

This book would be valuable in a school of nursing library as a supplement to an orthopedic nursing textbook.

* * *

Imagination was given man to compensate him for what he is not, and a sense of humor was provided to console him for what he is!

DRUGS IN CURRENT USE 1955

By **W. Modell,** M.D. Editor. An alphabetical listing of drugs in current use with a capsule-account of the data essential to its use. 147 pages, 1955. $2.25.

OBSTETRIC MANAGEMENT AND NURSING

By **H. L. Woodward and B. Gardner,** revised by **R. D. Bryant,** and **A. E. Overland.** Includes new graphs, new material on pain relief, use of roentgenograms, the trained practical nurse. 854 pages, 520 illustrations, 5th edition, 1953. $7.00.

COMMUNICABLE DISEASES

By **N. D. Gage, J. F. Landon** and **H. T. Sider** with collaboration of **G. M. Longhurst** and **G. F. Hoch.** A practical guide in communicable diseases for nurses in hospitals, homes and public health service. 56 illustrations, 520 pages, 6th edition. 1951. $5.50.

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News Notes

ALBERTA

District 2

Ponoka

Misses J. Coppack, M. D'Andrea, and P. McMellan who attended the convention as delegates, presented their reports at the May meeting. The May Tea proved very successful in spite of poor weather. The electric percolator was won by Miss I. Reed, student from Lamont.

Camrose

A chapter meeting was held in May with an attendance of 26 members. The smorgasbord held recently was a great success. Mrs. F. Smith, the hostess, wore an authentic Scandinavian costume, and Mrs. G. Danforth played appropriate Scandinavian piano selections during the dinner hour.

The report of the delegates, Sr. Geralda, Mrs. Shaw, and Miss Miller, took the form of a panel discussion which stimulated lively participation regarding convention topics from the floor.

District 3

Olds

A chapter meeting was held in June at which the following slate of officers was presented: Mrs. L. Eaton, pres. Mrs. B. Galvan, vice-pres. Mrs. J. Turple, sec.

KNOX Protein Previews

New Study Shows Gelatine
Restores Brittle Fingernails to Normal

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Optimal dosage proved to be one envelope (7 grams) of Knox Gelatine administered daily for three months. Improvement, however, was noted after the first month.

1. Rosenberg, S. and Oster, K. A., "Gelatine in the Treatment of Brittle Nails," *Conn. State Med. J.* **19**: 171-179, March 1955.
2. Tyson, T. L., *J. Invest. Dermat.* **14**:323, May 1950.

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If the baby already has a rash, use Diaparene Ointment liberally on the affected parts. At every diaper change use Diaparene *Antiseptic* Dusting Powder to ensure baby's complete comfort and protection.

AT ALL DRUG COUNTERS

Medicine Hat

A chapter meeting was held in June at which arrangements for the Fall Tea, to be held in September, were discussed. The members agreed to help the student nurses decorate a float which was placed in the Stampede Parade in July. Mrs. E. Richard reported on a meeting at which plans for a Council of Social Agencies were discussed.

Dr. E. G. F. Skinner was the guest speaker with "Alcoholism" as his topic.

Provost

A chapter meeting was held in June with 17 members present. The slate of officers elected was: Mrs. M. Carter, pres. Mrs. J. Lee, vice-pres. Mrs. M. Johnstone, sec.-treas. Mrs. E. Fiske, Mrs. E. Degenstein, Miss O'Brien, program committee.

A delegate was sent to the convention, and an inquiry was to be made regarding the possibility of members assisting with the bi-monthly baby clinics.

BRITISH COLUMBIA

Ladysmith

The 15th anniversary of the inauguration of the chapter was celebrated as a special feature of the Florence Nightingale Tea in May. Special guests included Mrs. E. (Heise) McKinnon, oldest nurse in the community; Mrs. E. (Wilson) Campbell, former matron, and Miss M. Leggatt, present matron of the General Hospital.

A display table arranged by Mrs. R. Berto featured caps depicting styles of various hospitals and years. Diplomas and photographs were also on view. Another interesting exhibit was a uniform dated 1908, complete in every detail, and loaned by St. Joseph's Hospital, Victoria.

The accomplishments of the past years have included the donation of a considerable amount of valuable equipment to the hospital to facilitate the work of the nurses and doctors; sending overseas food parcels, contributing to the overseas library fund and other services. During the past two years Red Cross Home Nursing classes have been sponsored with the members taking an active part in the teaching program.

During July, a picnic for members and their families was held at the beach home of Mrs. E. Gregson. Mrs. Gregson and Mrs. J. Bredenberg were conveners of this event. Officers for 1955 are: Mrs. A. Quayle, pres. Mrs. M. Neville, vice-pres. Mrs. R. Berto, sec. Mrs. A. Mitchell, treas. Mrs. E. Gregson, social convener.

NEW BRUNSWICK

Moncton

At a recent meeting of the Chapter, with Mrs. B. Nash Smith, president, as chairman, a minute of silence was observed in memory of Miss Hilda M. Bartsch.

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Reports were given by Mrs. L. Colwell, Mrs. D. Van Buskirk, Mrs. G. Shaw, Miss P. Walton and Miss D. Steeves. Miss H. Hayes, convener of arrangements for the annual meeting of the N.B.A.R.N. which will be held in Moncton in October gave a report on the progress of her committee to date Miss Hayes is New Brunswick's representative on the "Maritimes Convention Train" committee.

The regular meeting was followed by the annual meeting. The following slate of officers was brought in by the convener of the nominating committee: Miss Harriet Hayes, president, Miss M. Hollenbach, 1st vice president, Mrs. A. Ferguson, 2nd vice president, Miss R. MacKenzie, secretary, Miss H. Welling, treasurer.

The registrar, Mrs. E. Stone in her registry report showed a busy year.

Refreshments were served by Mrs. M. Wilbur, Miss D. Murray, Miss M. Armstrong and Miss Hayes at the conclusion of the meeting.

Saint John

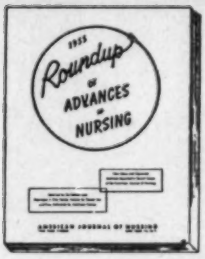
A chapter meeting was held in May with Miss L. Peters presiding. A minute of silence was observed in tribute to the memory of Miss Hilda M. Bartsch. The report on committee structure given by Sr. Helen Marie was adopted which brought the chapter in line with national and provincial bodies. The next meeting is to be held in September.

Mr. A. Spires, psychologist of the Saint John Mental Health Clinic, gave an interesting address on the work of the clinic.

General Hospital

Commencement exercises for the 1955 graduating class were held in June with 37 members receiving their pins and diplomas. Dr. W. T. Flemmington, president of Mount Allison University, gave the address to the graduates. Miss J. E. Walton delivered the valedictory. A reception was held for the graduates, their friends and relatives in the Admiral Beatty Hotel.

Twelve members of the Spring class of probationers were recently capped by Miss J. Stephenson, director, in an impressive ceremony. S. Wright welcomed the class on behalf of the student nurses' association. Vocal solos were given by C. Galbraith accompanied by B. Brannen. Miss F. Saunders, director of the local V.O.N. centre addressed the new class regarding their responsibilities in conservation of life and



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preservation of health. Other speakers were: Dr. G. B. Peat, Mayor, and P. M. Blanchet, controller. White testaments were presented by members of the Gideon Society and a social hour followed.

The alumnae association, with Miss M. Moore presiding, held its annual dinner and dance in honor of the graduating class. The class of 1930 celebrated its 25th anniversary and the class of 1935 its 20th anniversary, at the gathering. A life membership in the alumnae association was presented to J. Walton by B. Dick, on behalf of the senior division of the class. Miss H. Kane, who recently retired after 31 years on the lay staff of the residence, was a special guest.

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ONTARIO

District 5

Toronto

Women's College Hospital

Burton Hall, the wonderful new residence for the students was officially opened by Mrs. L. Breithaupt on May 12. Some of the features include a sewing room, laundry and ironing room, hairdressing facilities. The bedrooms are a joy to behold with the fabrics in rich decorators' shades of cocoa, turquoise, tile blue, peach, tangerine and lime green. Each floor has its own sitting room and kitchen.

It was a proud occasion for the Alumnae Association when its first meeting was held in Burton Hall. The large attendance attested to the interest of members who jointly had raised nearly $6000 for the building campaign. Miss C. Dixon presented a lovely guest book for the residence which everyone present signed.

District 10

Fort William

The Registered Nurses' Association of

Ontario, held a banquet at the Royal Edward Hotel, to honor the members of the graduating classes from the three schools of nursing at the Lakehead. There were 48 of the graduating nurses present.

Miss K. Feisel, president of District No. 10, was in the chair. Others at the head table were: Miss K. Escott, first vice-president and treasurer, Miss D. Adams, second vice-president, Mrs. Dorothy Morin, secretary, and the presidents of the graduating classes Miss Birch, St. Joseph's Hospital, Miss Robson, McKellar Hospital. and Miss Squier, the General Hospital.

During dinner, Mr. L. Glover, a student at St. Joseph's Hospital, played dinner music. A medley of popular songs was presented and Miss C. Wallace sang two solos accompanied by Miss N. Clayton.

In her address of welcome Miss Feisel congratulated the students on their achievements in having reached their goal. She stressed the responsibility of being a member of the organized profession and paid tribute to the women of "unconquerable courage" who worked to improve nursing "so nurses everywhere might enjoy the fruits of their labor."

Miss K. Escott proposed the toast to the graduating students, to which Miss Robson responded.

A humorous pantomine "Nurse Please" with Mrs. Korceba as commentator was enjoyed by all.

QUEBEC

MONTREAL

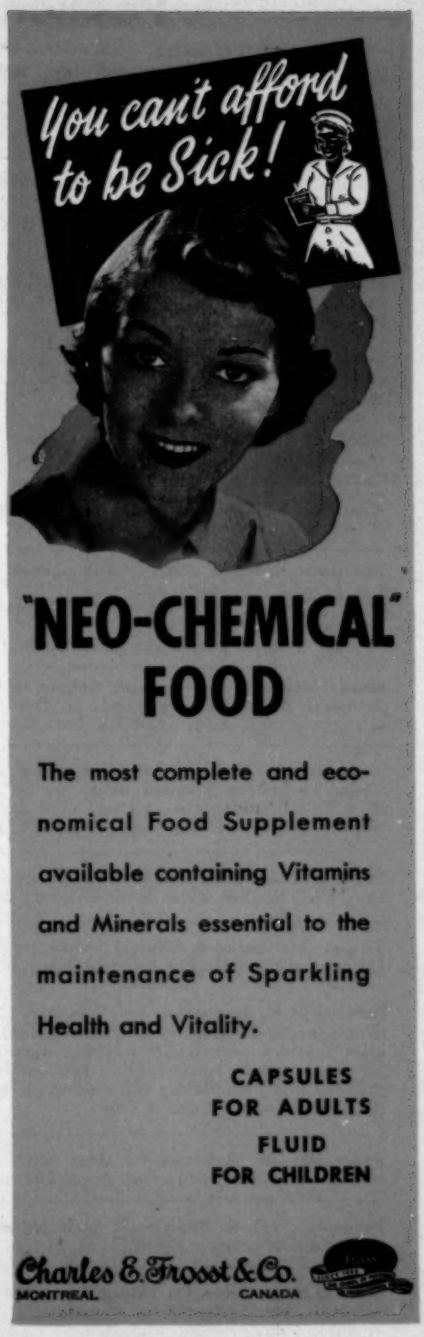
Royal Victoria Hospital

The Graduate Nurses' Association held a farewell tea and presentation in honor of K. Ardill and J. MacGregor who have resigned. The spring class of preliminary students received their caps in June.

J. Stunden is doing private duty in Moncton. R. Drury resigned from Moncton Hospital staff to be married. L. Hall is to attend McGill School for Graduate Nurses this fall. E. Lee will start post-graduate study September in the National Hospital, Queen Square, London, England. E. Brown has joined the staff of Victoria General Hospital, Halifax.

A. (Sicard) Crighton has resigned as director of nursing. Cohama County Hospital, Clarksdale, Miss. A. Peterson is on the staff of Swift Current Hospital, Sask. A. Hathaway received her degree, (B.Sc.N.) from the University of Western Ontario. She is working in an Anglican Mission for the summer. A. Welburn has joined the staff of Huntingdon County Hospital, Que.

S/L (M/n) M. McKinney has been transferred to *H.M.C.S. Star* Hamilton, Ont. E. Cameron is now head nurse, ward L. with B. J. Fraser as assistant. J. Loney is secretary of the Edmonton Chapter of the alumnae association.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Hospital Superintendent for fully modern & equipped 34-bed Winchester & District General Hospital, located in a friendly town, 32-miles south of Ottawa. Excellent meals, laundry processed. Live out. Please state age, qualifications & experience, salary expected & furnish references. Apply F. Erle Helmer, Winchester, Ont.

Matron for 70-bed fully modern & well equipped Municipal General Hospital. Adequate staff. Please give full particulars as to age & experience. Apply Sec. Treas., Municipal Hospital, Box C550, Taber, Alta.

Matron for 36-bed hospital. Southern Interior of B.C. Fare refunded after 1 yr., half after 6 mo. Write full particulars to Administrator, Nicola Valley General Hospital, Merritt, B.C.

Assistant Director of Nursing for new 100-bed hospital located in Southern Ontario. Administrative experience preferred. Good personnel policies. Apply Box F., The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25.

Asst. Head Nurses for children's orthopedic hospital. Good personnel policies. Apply Director, Shriners Hospital for Crippled Children, Montreal, Que.

Instructor to teach anatomy and physiology, microbiology first term, followed by surgical nursing lectures and clinical supervision on surgical wards. Starting salary: $255; $10 for 2 yrs. experience; $10 yearly increments; 1½ days sick leave, cumulative; 10 statutory holidays; 40-hr. wk; 1 class per yr. in September. Apply to: Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

Head Instructor for Training School to teach Sciences. 86-bed hospital; 30 students. Complete maintenance provided in comfortable suite. Apply, stating qualifications & salary expected, A. J. Schmiedl, Sec. Manager, General Hospital, Dauphin, Man.

Instructor in Nursing Arts, Instructor in Science, Clinical Instructor in Operating Room Technique, Clinical Instructor in Pediatrics. Modern 450-bed Hospital. Maximum of 90 Students — 1 class a yr. Excellent personnel policies. Apply Director of Nursing Education, Kitchener-Waterloo Hospital, Kitchener, Ont.

Supt. of Nurses for modern 60-bed general hospital. Apply stating qualifications to Dr. M. R. Stalker, Hon. Medical Supt., Barrie Memorial Hospital, Ormstown, Que.

Science Instructor & Clinical Instructor to commence Sept. 1955. 125 students. Apply Director of Nursing, The Victoria Public Hospital, Fredericton, N.B.

Nursing Arts Instructor for School of Nursing with capacity 195 students attached to expanding hospital of 571 beds. B.S. Degree in Nursing Education preferred or at least 3 yrs. experience & working toward degree. Located in "all American City" of 120,000. in North Eastern Ohio with educational, industrial, recreational & agricultural primary interests. Salary commensurate with qualifications. Write Director of Nursing, Aultman Hospital, Canton, Ohio.

Supervisor of Nurseries for dept. with 30 bassinettes, duties to include teaching & supervision of student nurses. Apply Director of Nursing, General Hospital, Oshawa, Ont.

Supervisor (1) & Registered Staff Nurses. Hours 3-11. Good personnel policies. For further information apply Supt., St. Marys Memorial Hospital, St. Marys, Ont.

General Supervisors, Operating Room Nurses and General Duty Nurses for new 150-bed hospital. Starting salary for Registered General Duty Nurses $230 with annual increases to $40. 1½ days per mo. cumulative sick leave; 40 hr. wk; 28 days vacation; 10 statutory holidays. Apply: Supt. of Nurses, Trail-Tadanac Hospital, Trail, B.C.

REGISTERED NURSES

FOR

General Duty and Operating Room

Opportunities available at the new

MONTREAL GENERAL HOSPITAL

For full particulars write to:

DIRECTOR OF NURSING, 1650 CEDAR AVENUE, MONTREAL 25, QUE.

Operating Room & General Staff Nurses for 110-bed Hospital in Fraser Valley. Basic Salary: $230. per mo. 40-hr. wk. R.N.A.B.C. agreement in effect. Address applications or enquiries to General Hospital, Chilliwack, B.C.

Operating Room Nurses, immediate appointments, for 511-bed newly enlarged and finely equipped hospital; 10 operating rooms now completed. Northeastern Ohio stable "All-American City" of 120,000. In centre of area of recreational, industrial and educational friendly activities; living cost reasonable. Within pleasant driving-distance advantages of metropolitan Cleveland and Columbus, Ohio, and Pittsburg, Pa. Friendly and considerate working associates and conditions. Progressively advanced personnel policies. Starting salary: $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact Director of Personnel, Aultman Hospital, Canton, Ohio, by letter or collect telephone 4-5673.

Operating Room Nurse (1) & Floor Duty Nurses for 50-bed General Hospital. Apply Supt., Leamington District Memorial Hospital, Leamington, Ontario.

Obstetrical Clinical Instructor for School of Nursing with capacity 195 students attached to expanding hospital of 571 beds. B.S. Degree in Nursing Education preferred or at least 3 yrs. experience & working towards degree. Located in "all American City" of 120,000. in North Eastern Ohio with educational, industrial, recreational & agricultural primary interests. Salary commensurate with qualifications. Write Director of Nursing, Aultman Hospital, Canton, Ohio.

Obstetrical Supervisor for 48-bed maternity dept. in 486-bed general hospital. Supervision of case rooms, nursery and wards. School of Nursing. Salary: $265 basic, with credit for experience and p.g. study. 28 days annual vacation. 10 statutory holidays. Cumulative sick leave. 40 hr. wk. B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Psychiatric Nurse to assume position as Head Nurse & Clinical Supervisor of new 38-bed Psychiatric Unit in a 500-bed General Hospital. An excellent opportunity for a Psychiatric Nurse who wishes to assume leadership in developing the policies, procedures & teaching program of this new Psychiatric Unit. Patients treated only by psychiatrists. The most modern facilities & treatment methods. Cooperative administration. Bachelor's Degree required plus Psychiatric experience. Salary commensurate with experience & abilities. Write Director of Nursing, Aultman Hospital, Canton, Ohio.

Public Health Nurse Grade 1. British Columbia Civil Service, Dept. of Health & Welfare. Starting Salary $255. $260. $266. per mo., depending on experience, rising to $298. per mo. Promotional opportunities available. Qualifications: Candidate must be eligible for registration in British Columbia & have completed a University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province.) Cars are provided. 5-day wk. in most districts. Uniform allowance. Candidates must be British subjects; preference is given to ex-service women. Application forms obtainable from all Government Agencies; the Civil Service Commission, 544 Michigan St., Victoria, or 411 Dunsmuir St., Vancouver 3, to be completed & returned to the Chairman, Civil Service Commission, Victoria. Further information may be obtained from the Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C.

CANADIAN RED CROSS SOCIETY

invites applications for STAFF and ADMINISTRATIVE positions in HOSPITAL, PUBLIC HEALTH NURSING SERVICES, and BLOOD TRANSFUSION SERVICE for various parts of Canada.

- The majority of opportunities are in OUTPOST SERVICES in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia.
- Commensurate salaries for experience and qualifications. Transportation arrangements under certain circumstances. Bursaries are available for post-graduate study.

For further particulars apply:

NATIONAL DIRECTOR, NURSING SERVICES, CANADIAN RED CROSS SOCIETY,
95 WELLESLEY ST., TORONTO 5, ONTARIO.

Public Health Nurses for generalized program (bedside nursing included). Minimum salary: $2,700 with allowance for previous experience. Annual increments. Cumulative sick leave plan. Blue Cross available. Interest free loans for purchasing cars if necessary. Transportation allowance. 1 mo. holiday at the end of 1 yr. Apply Dr. J. I. Jeffs, M.D., D.P.H., Lennox & Addington County Health Unit, Memorial Bldg., Napanee, Ontario.

Public Health Nurse for York Township. Minimum salary: $2,800. with annual increment. Accumulative sick leave, 5-day wk., pension plan. Generalized program. Apply Dr. W. E. Henry, Medical Officer of Health, 2700 Eglinton Ave., W., Toronto 9, Ont.

Public Health Nurse with diploma for York Township Health Dept. State experience & salary expected. Apply Dr. W. E. Henry, 2700 Eglinton Ave. W., Toronto 9, Ont.

Public Health Nurses with experience for Montreal Branch of Victorian Order of Nurses. Starting salary $3,000 per annum. Apply Director, 1246 Bishop St., Montreal 25.

Nurse to direct Public Health Nursing Program for City Health Dept. Preference given to B.Sc. Nursing (Public Health) plus administrative & supervisory training & experience. 5-day wk.; sick leave & pension scheme; 1 mo. holiday after 1 yr. State salary expected. Apply Dr. W. H. Hill, City Health Dept., Calgary, Alberta.

Public Health Nurses qualified for generalized public health nursing services in rural & suburban area in Health Unit. Minimum salary: $2,800, annual increment $100. Blue Cross & pension. accumulative sick leave. 1 mo. holiday. Apply Dr. A. F. Bull, Med. Officer of Health, Halton Co. Health Unit, Milton, Ont.

Public Health Nurse (Experienced) for supervision of foster parents & children under 4 yrs. Staff of 40 social workers & 5 nurses in expanding urban-rural community. Case loads of 40-50 children. Minimum salary $2,900 per annum with allowance for experience to $4,000 maximum. Annual increments $150. 4 wks. vacation, 5 day wk. Driving license essential. Apply with full particulars to Executive Director, Children's Aid Society of York County, 112 St. Clair Ave. W., Toronto, Ont.

Asst. Director of Nurses for new 120-bed hospital, 20 min. from downtown Detroit. Excellent salary & benefits. Apply Director of Nurses, The Lynn Hospital, 25750 West Outer Drive, Detroit, Michigan.

Registered Nurses for new well equipped 27-bed Hospital, 2 doctors. Duties to commence as soon as possible. Salary: $210-225. Nurses residence. Progressive community. Further information upon request. Apply Mr. P. Tomyn, Sec. Treas. or the Matron, Union Hospital District, Leader, Sask.

Registered Nurses & Maternity Nurses. Basic salary: $150 & $105 respectively, with additional increases. Blue Cross & many other benefits. Attractive nurses' residence, motel style. Additional help required for opening of new floor. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Registered Nurses (2) for 50-bed Municipal Hospital. $175 per mo. plus maintenance & 10 statutory holidays. 44-hr. wk. For further information apply Matron, Municipal Hospital, Wainwright, Alta.

School of Nursing, Metropolitan General Hospital

WINDSOR, ONTARIO

The following positions combining both classroom and clinical instruction will be open August, 1955.

INSTRUCTOR IN PEDIATRIC NURSING
INSTRUCTOR IN SCIENCE AND SURGICAL NURSING
INSTRUCTOR IN HEALTH AND MEDICAL-SURGICAL NURSING

This is a new school of nursing with a curriculum pattern of two years of nursing education followed by one year of guided nursing service. It offers an excellent opportunity for instructors to participate in the development of a sound educational program since the hospital does not depend on students for nursing service during their two educational years.

For further information apply to:

MISS DOROTHY R. COLQUHOUN, DIRECTOR, SCHOOL OF NURSING, 2240 KILDARE ROAD, WINDSOR, ONT.

Registered Nurses (2) for general duty in 30-bed hospital, chiefly surgical cases. Starting salary: living-in $150 with full maintenance or living-out $200. Good working conditions. Excellent recreational facilities. Apply Matron, Laurentide Hospital, Grand'Mère, Que.

Registered Nurses for General Duty Staff. Salary commences at £40-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for General Duty in modern 18-bed private hospital in iron mining town, 180 miles north of Sault Ste. Marie. Starting salary: $235 with annual increase, less $20 for maintenance. Excellent accommodations & personnel policies. Transportation allowance after 3 mo. service. Apply Supt. Lady Dunn Hospital, Jamestown, Ont.

Registered Nurses for General Duty (2) for 76-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Calgary & Banff. Gross Salary: $200 per mo., perquisites $30, $5.00 increment every 6 mo., 1 mo. annual vacation with pay; 8-hr. day; 44-hr. wk. Sick leave with pay. Apply Matron, Municipal Hospital, Brooks, Alta.

Graduate Registered Nurses for general duty. 375-bed industrial hospital, all graduate staff. Good salary with differential for evenings & nights; periodical raises. Good personnel policies, 40-hr. 5 day wk. 1 meal & laundry of uniforms free. $45 per mo. complete maintenance if desired. Apply Director of Nurses, Missouri Pacific Employes' Hospital, St. Louis 4, Missouri.

Registered Nurses for General Duty. Initial salary: $200. per mo.; with 6 or more month's Psychiatric experience, $210. per mo. Salary increase at end of 1 yr. 44-hr wk; 8 statutory holidays, annual vacation with pay. Living accommodation if desired. For further information apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

Registered & Non Registered Nurses. Good personnel policies, new facilities. 44-hr. wk., 8-hr. rotating shifts. 1 day off 1 wk. & 2 the next, 1½ days holiday & sick leave allowed per mo. Up to $40 travelling expenses & 6% increase after 1 yr. services. Half Blue Cross with medical surgical benefits paid. Full maintenance provided. Apply stating gross salary expected Supt., Lady Minto Hospital, Cochrane, Ont.

CHRISTIAN REGISTERED NURSES

FOR THE POSITION OF SUPERINTENDENT OF NURSES

for 42-bed General Hospital in Mennonite town 40 miles from Winnipeg

Training school for L.P.N., 44-hr. week, usual holiday & sick leave benefits, private room in new residence. No business or administrative responsibilities, just supervision of nursing care.

BEST WAGES WILL BE PAID

We also have openings for R.N.'s for general duty

Please state wages expected

APPLY JAC. M. KLASSEN,
Administrator, Bethesda Hospital, Steinbach, Man.

OPERATING ROOM SUPERVISOR

for

SAINT JOHN GENERAL HOSPITAL
SAINT JOHN, N.B.
400 BEDS

Good salary and personnel policies. Apply:

Director of Nurses, General Hospital, Saint John, N.B.

October 1, 1955. Registered Nurses (2) for 30-bed hospital. Salary: $225 per mo. with yearly increment. 4 wks. vacation after 1 yr. employment; 11 statutory holidays per yr. 40-hr. wk. $40 room & board at nurses' home. Pleasant surroundings. Apply Administrator, Community Hospital, Grand Forks, B.C.

Baker Memorial Sanatorium, Calgary, Alberta offers to Graduate Nurses a 6-mo. post-graduate course in Tuberculosis. Maintenance & salary as for general staff nurses. Opportunity for permanent employment if desired. Spring & Fall Classes. Further information on request.

General Duty Nurses for 107-bed modern hospital. Salary: $175 per mo. plus meals & laundry. Differential for evening & night duty. Periodic increases. Travelling expenses from point of entry into Ont. refunded after 6 mo. service. 44-hr. wk; 8 statutory holidays; 21 days vacation with pay; accumulated sick leave. Medical & Hospital plan subsidized. Room accommodation available in residence. Apply Supt. of Nurses, Kirkland & District Hospital, Kirkland Lake, Ont.

General Duty Nurses for all departments. Gross salary: $200 per mo. if registered in Ontario with 1 yr. or more of experience; $190 with less than 1 yr. of experience & until registration has been established. $20 per mo. bonus for evening or night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 14 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing, General Hospital, Oshawa, Ont.

Graduate Nurses for modern 125-bed Community Hospital in suburban Toronto, opening new wing. Salary range: General Duty — $205 to $275 monthly, Head Nurse — $225 to $295. Supervisor — $260 to $310. Residence accommodation optional. Apply Director of Nursing, Humber Memorial Hospital, 200 Church St., Weston, Ont.

Graduate Nurses for General Staff Duty in 350-bed Tuberculosis Hospital in Laurentian Mts. For further information, apply Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Quebec.

Graduate Nurses for 100-bed West Coast General Hospital. Salary: $250 per mo. less $40 for board, residence, laundry. 3 annual increments; $10 per mo. night duty bonus. 1 mo. vacation with full salary 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance up to $60 refunded after 1st yr. Apply Director of Nursing, General Hospital, Prince Rupert, B.C.

General Duty Nurses immediately for 500-bed hospital with all services. 5-day wk. Good personnel policy. B.C. registration required. Apply Director of Nursing, Royal Jubilee Hospital, Victoria, B.C.

Applications are invited for the position of General Duty Registered Nurse in a modern hospital & industrial clinic situated in the Eastern Townships approx. 100 miles from Montreal & Quebec City. Knowledge of operating room & obstetrical techniques required. Good Salary, 40-hr. wk. Blue Cross, pension & group life ins. plans. Excellent living quarters available. Apply Canadian Johns-Manville Co. Ltd., P.O. Box 1500, Asbestos, Que.

General Duty Nurse for 60-bed hospital in attractive southern Ontario town. Salary: $200 per mo. with increments every 6 mo. to $215. $15 per mo. for evening & night duty. 3 wk. vacation, 7 statutory holidays, cumulative sick leave. Free laundry. Apply Director of Nurses, Alexandra Hospital, Ingersoll, Ont.

LEADING 300-BED HOSPITAL ON LAKESHORE

invites applications from

1. General Duty Nurses
2. Supervisors — Obstetrical (1)
   Pediatric (1)

Accommodation in new modern residence available. Liberal Personnel Policies. Fifty Dollars refunded on transportation after one year's service.

Apply to:

DIRECTOR OF NURSING, GENERAL HOSPITAL, PORT ARTHUR, ONTARIO

Registered Staff Nurses, immediate appointments, in 511-bed newly enlarged and finely equipped general hospital. Duty assignments in medical, surgical, pediatrics, psychiatric, obstetrics, or contagion units. Northeastern Ohio stable "All-American City" of 120,000. In centre of area of recreational, industrial, and educational friendly activities. Living costs reasonable. Within pleasant driving-distance advantages of metropolitan Cleveland and Columbus, Ohio and Pittsburg, Pa. Friendly, cooperative work relations and conditions. Progressively advanced personnel policies. Starting salary: $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact: Director of Personnel, Aultman Hospital, Canton, Ohio, by letter or collect telephone 4-5673.

Registered Nurses for 36-bed General Hospital. Basic salary: $230; increments $10. 40-hr. wk., full maintenance $45. R.N.A.B.C. agreement. Half fare refunded after 6 mo., balance after 1 yr. Apply Administrator, Nicola Valley General Hospital, Merritt, B.C.

Registered Nurses for General Duty in 550-bed Hospital for tuberculosis. Initial gross salary: $185 per mo., 8-hr. duty, 40-hr. wk. Board & room available. Perquisites $33 per mo. Apply Director of Nursing, Beck Memorial Sanatorium, London, Ontario.

Registered Nurses for General Staff Duty in 35-bed Hospital. Gross salary: $225 plus $10 if B.C. registered. 40-hr. wk. 10 paid statutory holidays. 4-wk. vacation after 1 yr. Apply Matron, General Hospital, Ladysmith, Vancouver Island, B.C.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & post-graduate program. Full Maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

General Duty Nurses and Catherine Booth Graduates for new hospital, 68 miles from Montreal. Excellent bus and tram service. Salaries in accordance with A.N.P.Q. policies. Full maintenance. 30 days annual holiday. 12 days sick leave. BX paid. 8 hr. duty, rotating shift. 1½ days per wk. Apply Supt. Brome-Missisquoi-Perkins Hospital, Sweetsburg, P.Q.

Graduate Nurses (3) for 24-bed hospital. Salary: $230 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, stating experience, Matron, Terrace & District Hospital, Terrace, British Columbia.

General Duty Nurses. Salary: $230-$270, $10.00 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, (1) mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

General Duty Nurses for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary: $235-268. Credit for past experience. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses & Certified Nursing Assistants for 33-bed General Hospital. Good personnel policies. Apply Supt., General Hospital, Espanola, Ont.

GENERAL STAFF NURSES

GENERAL WARDS **OPERATING ROOM** **OBSTETRICS**

for

200-bed hospital

Pleasant city of 33,000. Two colleges.
Good salary and personnel policy.

For further information apply to:

DIRECTOR OF NURSES, GENERAL HOSPITAL, GUELPH, ONTARIO.

General Duty Nurses for 100-bed JCAH approved county hospital in San Joaquin Valley, located centrally between San Francisco & Los Angeles. Beginning salary: $281 to $314 plus additional $10 for evening & night shifts. 40 hr. wk. 3 wk. vacation, 12 holidays, liberal sick leave. Rooms available in modern nurses' home at $10 per mo. Apply Supt. of Nurses, Tulare County General Hospital, Tulare, California.

Staff Nurses for Medical, Surgical, Obstetrical & other services in active teaching Hospital in large city offering many cultural advantages. Opportunity to learn advanced methods of patient care. Advancement open to those who qualify. Full maintenance available at $55 per mo. Modern nurses' residence. Single rooms. Recreational facilities include swimming pool & tennis courts. Apply Director of Nursing, City Hospital, Cleveland 9, Ohio.

Office Nurse, R.N., for general duties. Opportunity for surgical experience if desired. Salary open, determined by experience & qualifications. Secure position. Congenial working conditions. Small Wyoming community. Apply R. E. Kunkel, M.D., Thermopolis Clinic, Odd Fellows Bldg., Thermopolis, Wyoming.

Lab-X-Ray Technician for Municipal Hospital. Salary: $180 per mo. plus full maintenance. For further particulars apply Sec. Treas., Municipal Hospital District No. 59, Fairview, Alberta.

Pediatric Supervisor for small ward in Teaching Hospital. **Dietitian** for newly built hospital of 130 beds. **General Duty Nurses** for rotation duty. New residence provided. Salary for above three according to experience. Apply Supt., Prince County Hospital, Summerside, Prince Edward Island.

Industrial or Public Health Nurse, experience desirable but not essential. Responsible for Health program for 500 employees. We have pension plan, group life & hospital insurance & good working conditions. Apply by letter stating experience, salary expected, & when available. Apply The Canada Starch Co. Ltd., Personnel Dept., Cardinal, Ont.

REGISTERED NURSES

$2,430 - $3,120 PER ANNUM

According to qualifications

for the

Department of Veterans' Affairs Hospitals
Sunnybrook Hospital, Toronto

and

Westminster Hospital, London

Application forms, available at your nearest Civil Service Commission Office, National Employment Service and Post Office, should be forwarded to the Civil Service Commission, 25 St. Clair Avenue East, Toronto 7, Ontario.

WOODSTOCK GENERAL HOSPITAL
WOODSTOCK, ONTARIO

REQUIRES

One Science Instructor — One Night Supervisor
Two Clinical Instructors (one qualified in Obstetrics)
Additional staff for our new Hospital.

Apply:

MISS PHYLLIS BLUETT
DIRECTOR OF NURSING

Public Health Nurse for Health Unit adjacent to Edmonton. Generalized program. Minimum salary: $2,700 with annual increments of $150 x 3 & $300 x 1. Starting salary by arrangement. 3 wk. annual vacation. Pension plan, group hospitalization benefit, adequate sick leave. Car furnished on duty. Apply M.O.H., Stony Plain, Lac Ste. Anne Health Unit No. 17, Stony Plain, Alberta.

Obstetrical Supervisor & General Duty Nurses (3) needed immediately for new 140-bed, plus 32 bassinettes, hospital. Good salary & personnel policies. Apply Director of Nurses, Plummer Memorial Hospital, Sault Ste. Marie, Ontario.

Day Supervisor for 35-bed hospital. Knowledge of hospital administration & direction of nursing service essential. Should be capable of doing x-ray, laboratory, operating & delivery room work occasionally. Apply Supt., Stevenson Memorial Hospital, Alliston, Ont.

See Quebec With Employment Rather Than A Tourist Visit. Graduate Nurses for general duty. **Where?** Jeffery Hale's Hospital, Quebec 4, Quebec, P.Q. **Why unique?** Only English speaking hospital & training school in Quebec City. For information write Director of Nurses, Jeffery Hale's Hospital, 4 St. Cyrille St., Quebec City.

Registered Nurses — Opportunities are available for **Charge Nurse** & **Supervisory Positions** at Manitoba Sanatorium, Ninette, Man. Extensive chest surgery provides interesting work & worthwhile experience. Salary range: $220-$265 per mo. depending on qualifications & appointment. Board, room & laundry for $45 per mo. Comfortable quarters in new nurses' residence. Generous vacation, group ins., all statutory holidays & other employee benefits. Apply Sanatorium Board of Manitoba, 668 Bannatyne Ave., Winnipeg, Man.

Supervisor for Operating Room & Recovery Room in a large general teaching hospital. Post graduate course & experience in administration preferred. Apply stating age, educational & professional qualifications & salary expected to Box H., The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Que.

Nurses wanted. Have opening for limited number of **Registered Nurses,** also **Surgical Nurse.** Starting wage to experienced nurses $320 per mo., 5-day wk. Paid vacations, sick leave & other top working conditions. Write or wire Jessie Laurison, Supt. of Nurses, General Hospital, Eureka, California. Phone **Hi**-llside 2-4541.

Supt. for 35-bed hospital. Apt. in Nurses' Residence. Hospital well equipped with staff of 14 Registered Nurses & 6 aides. Duties to commence Nov. 1. Apply in writing to Mrs. I. Garrow, Sec. Treas., County of Bruce General Hospital, Walkerton, Ont.

Matron for 15-bed hospital, duties to commence at once. Salary: $250 plus full maintenance. Statuary holidays. Mixed farming district. **Graduate Nurse** also required. Apply Sec. Treas., Municipal Hospital, Mannville, Alberta.

Operating Room Nurses, preferably with experience, for 75-bed hospital. Operating unit consists of 2 theatres, emergency treatment & recovery room. Apply Supt., Carleton Memorial Hospital, Woodstock, N.B.

Registered Nurses (2) immediately. Salary: $220 per mo. less $25 maintenance. 3-wk. vacation with pay after 1 yr. service. Sick leave. Apply, giving references, to Sec. Manager, Union Hospital, Spiritwood, Sask.

General Duty Nurses for well equipped 45-bed hospital. Salary: $210 per mo. Gross maintenance $30. 8-hr. shifts, 48-hr. wk. Daily bus service to Saskatoon. For further information apply Matron, Union Hospital, Meadow Lake, Sask.

McKELLAR GENERAL HOSPITAL, FORT WILLIAM, ONT.

Requires

CLINICAL INSTRUCTOR IN OPERATING ROOM

Gross salary commensurate with experience, 28 days vacation after one year, 8 statutory holidays, sick leave accumulative to 60 days; Residence accommodation available at reasonable rates. Hospital has recently completed a well equipped and staffed wing with extensive renovation program progressing in the old section.

APPLY DIRECTOR OF NURSING

Registered Nurses for 338-bed, air-conditioned hospital. Staff positions open in **Medical-Surgical, Psychiatric, Obstetrical & Pediatric Units.** Starting salary: $250 with bonus of $20 for evening & night duty. Progressive increases. 40-hr. wk. 2-wk. paid vacation, 6 paid holidays, 12-days sick leave. Apply Nursing Office, Menorah Medical Center, 4949 Rockhill Rd., Kansas City, Missouri.

Registered Nurses immediately for new 125-bed hospital 90 mi. north of Denver, Colorado. Openings in all departments. Salary open, differential for evenings & night duty. 40-hr. wk., paid vacation, 6 legal holidays, sick leave. Excellent working conditions. Apply Director of Nurses, De Paul Hospital, Cheyenne, Wyoming.

Public Health Nurses for generalized program — City of Ottawa, Health Dept. Salary $2,760 to $3,240, plus cost of living bonus. Good personnel policies. Superannuation & Blue Cross benefits. Apply Employment & Labor Registry Office, Room 118, Transportation Bldg., 48 Rideau St., Ottawa 2, Ont.

Graduate Registered Nurses immediately — 15 miles from Toronto. Single room residence. 5 day wk. Apply Supt., Ajax & Pickering General Hospital, Ajax, Ont.

Inquiries are invited from Graduate Nurses for General Staff Duty in a new 300-bed hospital to open this fall. Initial gross salary: $225 per mo. with merit increases to $250 per mo. 44-hr. wk. Good personnell policies. Information available re living accommodation. Apply giving qualifications & references to Director of Nurses, Sudbury Memorial Hospital, Regent St. South, Sudbury, Ont.

General Staff Nurses for 600-bed General Hospital. Openings on all services including operating room. Cash salary: $240 per mo. plus laundry of uniforms. $20 per mo. extra for permanent 3-11 or 11-7 duty. Annual salary increases; generous vacation allowance; 6 holidays with pay. Opportunity to take courses in Nursing Education at Duke University. Write Director of Nursing Service, Duke Hospital, Durham, North Carolina.

Registered General Duty Nurses for 26-bed hospital. Starting salary: $230 per mo. 40-hr. wk., full statutory holidays. Sick leave & vacation benefits. Transportation refunded up to $60 after 6 mo. service. Apply stating age & qualifications to Administrator, General Hospital, Quesnel, B.C.

CITY OF SASKATOON

DEPARTMENT OF PUBLIC HEALTH

Requires

NURSING SUPERVISOR

To supervise the activities of a group of nurses engaged in a well-rounded public & school nursing & education program.

Applicants should possess certificate in Public Health Nursing, a background of successful experience, & supervisory ability.

Current salary: $282.50 to $315.00 per month. Employee benefits include 5-day week, 3 weeks' holidays, sick leave, pension plan, etc.

Detailed applications should be submitted to the:

PERSONNEL OFFICE, CITY HALL, SASKATOON, SASKATCHEWAN

REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES,

and

Nursing Assistants or Practical Nurses

required for

Federal Indian Health Services

HOSPITAL POSITIONS

Oshweken, Manitowaning, Moose Factory and Sioux Lookout, Ont.; Hodgson, Pine Falls and Norway House, Man.; Fort Qu'Appelle, North Battleford, Sask.; Edmonton, Hobbema, Gleichen, Cardston, Morley and Brocket, Alta.; Sardis, Prince Rupert and Nanaimo, B.C.

PUBLIC HEALTH POSITIONS

Outpost Nursing Stations, Health Centres and field positions in Provinces, Eastern Arctic, and North-West Territories.

SALARIES

(1) Public Health Staff Nurses: up to $3,300 per year depending upon qualifications and location.

(2) Hospital Staff Nurses: up to $3,120 per year depending upon qualifications and location.

(3) Nursing Assistants or Practical Nurses: up to $185 per month, depending upon qualifications.

• Room and board in hospitals — $30 per month. Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-medical and superannuation plans available. Assistance may be provided to help cover cost of transportation.

• Special compensatory leave for those posted to isolated areas.

For interesting, challenging, satisfying work, apply to:
Indian Health Services at one of the following addresses:

(1) 4824 Fraser St., Vancouver, 10, B.C.;
(2) Charles Camsell Indian Hospital, Edmonton, Alberta;
(3) 10 Travellers Building, Regina, Sask.;
(4) 522 Dominion Public Building, Winnipeg, Manitoba;
(5) Box 292, North Bay, Ontario;
(6) 55 "B" St. Joseph Street, Quebec, P.Q.;
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or

Chief, Personnel Division,
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